



**The Meeting Transcript of  
The Los Angeles County  
Board of Supervisors**



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1                   **[REPORT OF ACTION TAKEN IN CLOSED SESSION**  
2                   **TUESDAY, JUNE 12, 2007 BEGINS ON PAGE 188]**

3  
4  
5

6   **CLERK SACHI HAMAI:** GOOD MORNING, MADAM CHAIR PRO TEM, MEMBERS  
7   OF THE BOARD, WE WILL BEGIN TODAY'S AGENDA ON PAGE 3, NOTICES  
8   OF CLOSED SESSION. ON ITEM C.S.-1, AS INDICATED ON THE  
9   SUPPLEMENTAL AGENDA, COUNTY COUNSEL REQUESTS THAT THIS CLOSED  
10   SESSION ITEM BE CONTINUED ONE WEEK TO JUNE 19TH, 2007.

11

12   **SUP. BURKE:** IT'S CONTINUED JUNE 19TH, 2007.

13

14   **CLERK SACHI HAMAI:** ON C.S.-3, AS INDICATED ON THE SUPPLEMENTAL  
15   AGENDA, THE CHIEF ADMINISTRATIVE OFFICER REQUESTS THAT THIS  
16   CLOSED SESSION ITEM BE CONTINUED FOR ONE WEEK TO JUNE 19TH,  
17   2007.

18

19   **SUP. BURKE:** WITHOUT OBJECTION, CONTINUED, JUNE 19TH.

20

21   **CLERK SACHI HAMAI:** C.S.-3. AND ON C.S.-4, THERE ARE REQUESTS  
22   FROM MEMBERS OF THE PUBLIC TO HOLD THIS ITEM.

23

24   **SUP. BURKE:** ALL RIGHT. ON C.S.-4, WE'LL HOLD IT. C.S.-3?

25



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1 **CLERK SACHI HAMAI:** C.S.-3 WAS CONTINUED ONE WEEK.

2

3 **SUP. BURKE:** SO YOU WANT IT TO BE HEARD?

4

5 **C.A.O. JANSSEN:** YES.

6

7 **SUP. BURKE:** ALL RIGHT. OKAY. WITHOUT OBJECTION, THE  
8 CONTINUANCE IS REVERSED.

9

10 **SUP. KNABE:** I'LL MOVE RECONSIDERATION.

11

12 **SUP. BURKE:** WITHOUT OBJECTION.

13

14 **CLERK SACHI HAMAI:** THANK YOU. AND C.S.-4 WILL BE HELD FOR  
15 MEMBERS OF THE PUBLIC. WE ARE ON PAGE 5, AGENDA FOR THE  
16 MEETING OF THE SANITATION DISTRICTS, NUMBERS 27 AND 35. ITEMS  
17 1 THROUGH 7.

18

19 **SUP. BURKE:** MOLINA MOVES, KNABE SECONDS, WITHOUT OBJECTION, SO  
20 ORDERED.

21

22 **CLERK SACHI HAMAI:** AGENDA FOR THE MEETING OF THE COMMUNITY  
23 DEVELOPMENT COMMISSION, ITEMS 1-D THROUGH 4-D.

24



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1   **SUP. BURKE:** KNABE MOVES, MOLINA SECONDS. WITHOUT OBJECTION, SO  
2   ORDERED.

3

4   **CLERK SACHI HAMAI:** AGENDA FOR THE MEETING OF THE HOUSING  
5   AUTHORITY, ITEMS 1-H THROUGH 4-H.

6

7   **SUP. BURKE:** MOLINA MOVES, BURKE SECONDS. WITHOUT OBJECTION, SO  
8   ORDERED.

9

10   **CLERK SACHI HAMAI:** AGENDA FOR THE MEETING OF THE REGIONAL PARK  
11   AND OPEN SPACE DISTRICT, ITEMS 1-P AND 2-P.

12

13   **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA. WITHOUT  
14   OBJECTION, SO ORDERED.

15

16   **CLERK SACHI HAMAI:** BOARD OF SUPERVISORS ITEMS 1 THROUGH 11.

17

18   **SUP. BURKE:** MOVED BY MOLINA AND SECONDED BY KNABE. WITHOUT  
19   OBJECTION, SO ORDERED.

20

21   **CLERK SACHI HAMAI:** CHIEF ADMINISTRATIVE OFFICER, ITEMS 12  
22   THROUGH 15. ON ITEM NUMBER 12, THERE ARE REQUESTS FROM MEMBERS  
23   OF THE PUBLIC TO HOLD THIS ITEM. AND ALSO, ON ITEM 12, THIS IS  
24   A THREE-VOTE MATTER, NOT A FOUR-VOTE MATTER. ITEMS 13 THROUGH  
25   15 ARE BEFORE YOU.





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1

2 **SUP. BURKE:** ON ITEMS 13 THROUGH 15, IT'S MOVED BY MOLINA,  
3 SECONDED BY KNABE, WITHOUT OBJECTION, SO ORDERED.

4

5 **CLERK SACHI HAMAI:** AGRICULTURAL COMMISSIONER, WEIGHTS AND  
6 MEASURES, ITEM 16 AND 17.

7

8 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
9 OBJECTION, SO ORDERED.

10

11 **CLERK SACHI HAMAI:** AUDIT COMMITTEE. ON ITEM 18, AS INDICATED  
12 ON THE SUPPLEMENTAL AGENDA, THE AUDIT COMMITTEE REQUESTS THAT  
13 THIS ITEM BE REFERRED BACK TO THE COMMITTEE.

14

15 **SUP. BURKE:** BE REFERRED BACK.

16

17 **CLERK SACHI HAMAI:** AUDITOR CONTROLLER, ITEM 19.

18

19 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
20 OBJECTION, SO ORDERED.

21

22 **CLERK SACHI HAMAI:** CHILDREN AND FAMILY SERVICES, ITEM 20.

23

24 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA, WITHOUT  
25 OBJECTION, SO ORDERED.



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1

2 **CLERK SACHI HAMAI:** COMMUNITY DEVELOPMENT COMMISSION, ITEM 21.

3

4 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
5 OBJECTION, SO ORDERED.

6

7 **CLERK SACHI HAMAI:** COUNTY COUNSEL, ITEM 22.

8

9 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA, WITHOUT  
10 OBJECTION, SO ORDERED.

11

12 **CLERK SACHI HAMAI:** FISH AND GAME COMMISSION, ITEM 23.

13

14 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
15 OBJECTION, SO ORDERED.

16

17 **CLERK SACHI HAMAI:** HEALTH SERVICES, ITEMS 24 THROUGH 33. ON  
18 ITEM 24, AS INDICATED ON THE SUPPLEMENTAL AGENDA, THE DIRECTOR  
19 OF HEALTH SERVICES REQUESTS THAT THIS ITEM BE REFERRED BACK TO  
20 THE DEPARTMENT.

21

22 **SUP. KNABE:** THAT WAS ITEM 24?

23

24 **CLERK SACHI HAMAI:** YES. CORRECT.

25





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1    **SUP. BURKE:** WITHOUT OBJECTION, IT'S REFERRED BACK.

2

3    **CLERK SACHI HAMAI:** AND ITEMS 25 THROUGH 33 ARE BEFORE YOU.

4

5    **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
6    OBJECTION, SO ORDERED.

7

8    **CLERK SACHI HAMAI:** ON PAGE 22, MENTAL HEALTH, ITEMS 34 THROUGH  
9    43.

10

11    **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA. WITHOUT  
12    OBJECTION, SO ORDERED.

13

14    **CLERK SACHI HAMAI:** ON PAGE 29, PARKS AND RECREATION, ITEMS 44  
15    THROUGH 46 AND, ON ITEM 44, WE WILL HOLD THIS SINCE THIS IS A  
16    FOUR-VOTE MATTER.

17

18    **SUP. BURKE:** ITEM 44 WILL BE HELD.

19

20    **CLERK SACHI HAMAI:** AND 45 AND 46 ARE BEFORE YOU.

21

22    **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
23    OBJECTION, SO ORDERED.

24

25    **CLERK SACHI HAMAI:** PUBLIC HEALTH, ITEMS 47 THROUGH 50.



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1

2 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA, WITHOUT  
3 OBJECTION, SO ORDERED.

4

5 **CLERK SACHI HAMAI:** PUBLIC LIBRARY, ITEM 51.

6

7 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
8 OBJECTION, SO ORDERED.

9

10 **CLERK SACHI HAMAI:** PUBLIC SOCIAL SERVICES, ITEMS 52 THROUGH  
11 55. ON ITEM 53, THERE'S A REQUEST FROM THE MEMBER OF THE  
12 PUBLIC TO HOLD THIS ITEM.

13

14 **SUP. BURKE:** WE'LL HOLD 53.

15

16 **CLERK SACHI HAMAI:** AND 52 AND 54 AND 55 ARE BEFORE YOU.

17

18 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA. WITHOUT  
19 OBJECTION, SO ORDERED.

20

21 **CLERK SACHI HAMAI:** PUBLIC WORKS, ITEMS 56 THROUGH 72. ON ITEM  
22 56, WE'LL HOLD THIS SINCE THIS IS ALSO A FOUR-VOTE MATTER.

23

24 **SUP. BURKE:** RIGHT. MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
25 OBJECTION ON THE BALANCE.



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1

2 **CLERK SACHI HAMAI:** AND WE ARE NOW ON PAGE 39. SHERIFF, ITEM 73  
3 AND 74.

4

5 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA. WITHOUT  
6 OBJECTION, SO ORDERED.

7

8 **CLERK SACHI HAMAI:** MISCELLANEOUS COMMUNICATIONS, ITEMS 75 AND  
9 76.

10

11 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
12 OBJECTION, SO ORDERED.

13

14 **CLERK SACHI HAMAI:** ORDINANCE FOR INTRODUCTION, ITEM 77 THROUGH  
15 70 AND I'LL READ THE SHORT TITLE IN FOR THE RECORD. ON ITEM  
16 77, THIS IS AN ORDINANCE OF THE BOARD OF SUPERVISORS OF THE  
17 COUNTY OF LOS ANGELES DESCRIBING THE PROGRAM FOR THE USE OF  
18 EMINENT DOMAIN SET FORTH IN THE REDEVELOPMENT PLAN FOR THE  
19 COUNTY'S EXISTING REDEVELOPMENT PROJECT AREAS.

20

21 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
22 OBJECTION, SO ORDERED.

23



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1 **CLERK SACHI HAMAI:** ON ITEM 78, AS INDICATED ON THE  
2 SUPPLEMENTAL AGENDA, THE AUDIT COMMITTEE REQUESTS THAT THIS  
3 ITEM BE REFERRED BACK TO THE COMMITTEE.

4  
5 **SUP. BURKE:** WITHOUT OBJECTION, 78 IS REPORTED BACK.

6  
7 **CLERK SACHI HAMAI:** ON ITEM 79, THIS IS AN ORDINANCE AMENDING  
8 TITLE 13, PUBLIC PEACE, MORALS AND WELFARE OF THE LOS ANGELES  
9 COUNTY CODE RELATED TO THE AUTHORIZING THE SALE OF SHOTGUNS AT  
10 THE WHITTIER NARROWS TRAP AND SKEET RANGE.

11  
12 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA, WITHOUT  
13 OBJECTION, SO ORDERED.

14  
15 **CLERK SACHI HAMAI:** ORDINANCE FOR ADOPTION, ITEM 80.

16  
17 **SUP. BURKE:** MOVED BY KNABE, SECONDED BY MOLINA. WITHOUT  
18 OBJECTION, SO ORDERED.

19  
20 **CLERK SACHI HAMAI:** SEPARATE MATTER. ON ITEM 81, I'LL READ THE  
21 SHORT TITLE IN FOR THE RECORD. THIS IS THE TREASURER AND TAX  
22 COLLECTOR'S RECOMMENDATION TO ADOPT RESOLUTION AUTHORIZING THE  
23 ISSUANCE AND SALE OF SAN GABRIEL UNIFIED SCHOOL DISTRICT  
24 GENERAL OBLIGATION BONDS, 2002 ELECTION, 2007, SERIES C, IN A  
25 AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED 10,833,508.



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1

2 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
3 OBJECTION, SO ORDERED.

4

5 **CLERK SACHI HAMAI:** PUBLIC HEARINGS, ITEMS 82 AND 83. ON ITEM  
6 82, SUPERVISOR BURKE REQUESTS THAT THIS ITEM BE CONTINUED ONE  
7 WEEK TO JUNE 19TH, 2007.

8

9 **SUP. BURKE:** WITHOUT OBJECTION, THAT ITEM WILL BE CONTINUED. I  
10 DON'T KNOW IF THERE ARE PEOPLE HERE WHO WERE FOR THAT ITEM, IT  
11 IS GOING TO BE CONTINUED FOR ONE WEEK.

12

13 **CLERK SACHI HAMAI:** AND, ON ITEM 83, WE'LL HOLD THIS FOR A  
14 PUBLIC HEARING. MISCELLANEOUS ADDITIONS TO THE AGENDA  
15 REQUESTED BY BOARD MEMBERS AND THE CHIEF ADMINISTRATIVE  
16 OFFICER WHICH WERE POSTED MORE THAN 72 HOURS IN ADVANCE OF THE  
17 MEETING AS INDICATED ON THE GREEN SUPPLEMENTAL AGENDA. 84-A.

18

19 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
20 OBJECTION, SO ORDERED.

21

22 **CLERK SACHI HAMAI:** 84-B.

23

24 **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE. WITHOUT  
25 OBJECTION, SO ORDERED.



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1

2 **CLERK SACHI HAMAI:** 84-C, THERE ARE REQUESTS FROM MEMBERS OF  
3 THE PUBLIC TO HOLD THIS ITEM. AND, ON 84-D, WE WILL HOLD THIS  
4 FOR A REPORT. ON 84-E, SUPERVISOR YAROSLAVSKY REQUESTS THAT  
5 THIS ITEM BE HELD. THAT COMPLETES THE READING OF THE AGENDA.  
6 BOARD OF SUPERVISORS SPECIAL ITEMS BEGIN WITH SUPERVISORIAL  
7 DISTRICT NO. 2.

8

9 **SUP. BURKE:** I THINK, AT THIS TIME, WE SHOULD FIND OUT ON ITEM  
10 84-C, IS THERE-- I RECEIVED INFORMATION THAT NO ONE FROM THE  
11 SHERIFF'S OFFICE WOULD BE PRESENT TODAY. DO WE KNOW? IS THERE  
12 ANYONE HERE FROM THE SHERIFF'S OFFICE? ALL RIGHT. THERE IS  
13 SOMEONE PRESENT WHO WILL BE...

14

15 **SPEAKER:** NOT SPEAKING ON BEHALF OF THE SHERIFF, NO.

16

17 **SUP. BURKE:** WILL THERE WILL BE ANYBODY FROM THE SHERIFF'S  
18 OFFICE? I THINK, IN FAIRNESS, WE SHOULD ADVISE PEOPLE AT THIS  
19 POINT.

20

21 **SPEAKER:** [INAUDIBLE]

22

23 **SUP. BURKE:** ALL RIGHT. SO WE CAN SAY, ON 84-C THEN, WE WILL  
24 CONTINUE THAT FOR ONE WEEK? IS THERE...

25





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1   **SUP. KNABE:** WELL, THEIR RECOMMENDATION IS TO REPORT BACK IN  
2   ONE WEEK. I THINK WE CAN MOVE ON IT. I MEAN, THAT'S YOUR  
3   MOTION, WAS TO HAVE A FULL REPORT IN ONE WEEK. SO WE DO NEED  
4   TO TAKE THAT ACTION, IS THAT NOT CORRECT?

5

6   **SUP. BURKE:** RIGHT.

7

8   **SUP. KNABE:** SO WE DON'T NEED TO CONTINUE THE ITEM, WE JUST  
9   NEED TO MOVE ON IT AND EXPECT THE SHERIFF OR SOMEONE FROM HIS  
10  DEPARTMENT HERE NEXT WEEK.

11

12  **SUP. BURKE:** ALL RIGHT. DO YOU HAVE A MOTION?

13

14  **SUP. KNABE:** I'LL MOVE IT.

15

16  **CLERK SACHI HAMAI:** BUT THERE'S ALSO MEMBERS OF THE PUBLIC THAT  
17  WOULD LIKE TO SPEAK ON THIS ITEM.

18

19  **SUP. BURKE:** ALL RIGHT. WE'LL HOLD IT SO THAT THEY CAN SPEAK.  
20  OR DO THEY WANT TO COME BACK NEXT WEEK? PARDON ME? ALL RIGHT.  
21  WE'LL HOLD THAT ITEM AND YOU'LL HAVE AN OPPORTUNITY TO SPEAK.  
22  I'D LIKE TO CALL FORWARD PAT PRESCOTT. PAT PRESCOTT IS BEING  
23  HONORED TODAY FOR HER OUTSTANDING COMMUNITY LEADERSHIP AND  
24  DEDICATION TO THE DISABLED COMMUNITY. SHE'S A HUGE ADVOCATE  
25  AND SUPPORTER OF OPERATION CONFIDENCE, A NONPROFIT



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1 ORGANIZATION THAT PROVIDES EMPLOYMENT-RELATED SERVICES FOR  
2 PEOPLE WITH PHYSICAL DISABILITIES. SHE'S EMPLOYED BY KTWV, THE  
3 WAVE, AND WE ALL LISTEN TO HER AND HER VOICE CAN BE HEARD ALL  
4 OVER THE AIRWAYS. PREVIOUSLY, ON NIGHT FLIGHT, A LATE NIGHT  
5 U.S.A. NETWORK PROGRAM AND MOST RECENTLY, SHE'S BEEN THE VOICE  
6 OF TIME WARNER CABLE IN NEW YORK. SHE'S BEEN THE WINNER OF  
7 RADIO AND RECORD SMOOTH JAZZ PERSONALITY OF THE YEAR THE LAST  
8 SIX YEARS STRAIGHT. IT'S WITH GREAT PLEASURE THAT WE PRESENT  
9 THIS RECOGNITION TO PAT PRESCOTT FOR ALL OF HER  
10 ACCOMPLISHMENTS AND THE WAY SHE INSPIRES US ALL. [ APPLAUSE ]

11  
12 **PAT PRESCOTT:** THANK YOU SO MUCH, SUPERVISOR BURKE, I ALSO WANT  
13 TO THANK CONSUELO MACKY AND EVERYONE WHO LISTENS TO US IN THE  
14 MORNING. WE FEEL VERY CONNECTED TO THE COMMUNITY AND HOPE THAT  
15 YOU REALIZE THAT OUR DOORS ARE ALWAYS OPEN TO HELP ALL OF YOU.  
16 AND I DID ALSO WANT TO ACKNOWLEDGE ROSEMARY JIMENEZ WHO  
17 PRODUCES OUR MORNING SHOW, THAT'S ROSEMARY RIGHT THERE, WHO IS  
18 JUST AN INCREDIBLE PERSON TO WORK WITH AND I'M SURE SHE WILL  
19 ECHO MY SENTIMENTS THAT WE FEEL THAT WE REALLY OWE A LOT TO  
20 THE COMMUNITY AND ARE THERE FOR YOU.

21  
22 **SPEAKER:** I WANT TO THANK PAT PRESCOTT, THE WAVE, SUPERVISOR  
23 BURKE WHO HAS BEEN MY FRIEND FOR OVER 20 YEARS FOR ALLOWING US  
24 TO BE HERE TODAY AND OPERATION CONFIDENCE IS HUMBLY GRATEFUL



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1 FOR ALL THE SUPPORT FROM THE WAVE, SUPERVISOR BURKE AND THE  
2 COMMUNITY AND, OF COURSE, THE BOARD OF SUPERVISORS. THANK YOU.  
3

4 **SUP. KNABE:** SUPERVISOR BURKE, I JUST WOULD ADD TO-- FOR PAT  
5 PRESCOTT, WHAT A GREAT VOICE TO WAKE UP TO IN THE MORNING  
6 EVERY DAY BUT YOU TRULY ARE A GREAT CORPORATE CITIZEN, YOU AND  
7 THE WAVE, AND WE JUST APPRECIATE ALL YOU DO IN THE COMMUNITY.  
8 JUST A JOY WORKING WITH YOU.

9

10 **SUP. BURKE:** THANK YOU. WE'LL CONTINUE LISTENING. I'D LIKE TO  
11 CALL FORWARD DR. HENRY FELDER. DR. FELDER WILL BE RETIRING  
12 AFTER 40 YEARS OF DISTINGUISHED SERVICE IN ACADEMIA, PRIMARY  
13 RESEARCH AND FEDERAL AND COUNTY GOVERNMENT. HE'S BEEN WITH THE  
14 DEPARTMENT OF PUBLIC SOCIAL SERVICES FOR THE LAST 11 YEARS,  
15 MAKING SIGNIFICANT CONTRIBUTIONS TO IMPROVING THE QUALITY OF  
16 SERVICE PROVIDED TO L.A. COUNTY RESIDENTS. AS DIRECTOR OF THE  
17 BUREAU OF SPECIAL OPERATIONS, HE'S CONTINUED TO CONTRIBUTE TO  
18 THE PROGRAM EVALUATION LITERATURE THROUGH HIS RESEARCH AND  
19 WRITINGS ON THE IN-HOME SUPPORTIVE SERVICE PROGRAM, CASELOAD  
20 TRENDS AND AREA OF WELFARE REFORM, THE GENERAL RELIEF  
21 OPPORTUNITIES FOR WORK, THE WATTS HEALTH FOUNDATION AND HIS  
22 ESSAY ON FREEDOM. DUE TO HIS PERSONAL COMMITMENT TO HIGHER  
23 EDUCATION WORKFORCE EXCELLENCE, HE WAS THE DRIVING FORCE  
24 BEHIND THE CREATION OF THE DEPARTMENT'S ONSITE MASTER OF  
25 PUBLIC ADMINISTRATION PROGRAM, PREPARING THE NEXT GENERATION



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1 OF EMPLOYEES TO ASSUME LEADERSHIP. I'M REALLY VERY PLEASED TO  
2 PRESENT THIS SCROLL TO DR. FELDER. THANK YOU SO MUCH FOR ALL  
3 YOUR HARD WORK AND EFFORT. WE REALLY APPRECIATE IT. [ APPLAUSE  
4 ]

5

6 **DR. HENRY FELDER:** THANKS VERY MUCH, SUPERVISOR BURKE. IT'S  
7 BEEN MY PRIVILEGE TO WORK IN PUBLIC SERVICE AND THE ACADEMIC  
8 SECTOR FOR OVER 40 YEARS. I CONSIDER PUBLIC SERVICE THE  
9 NOBLEST TYPE OF EMPLOYMENT AND I GREATLY APPRECIATE THE  
10 OPPORTUNITY TO WORK WITH D.P.S.S. AND THE WONDERFUL PEOPLE  
11 THAT WE SERVE HERE IN LOS ANGELES COUNTY. I RETIRE WITH REGRET  
12 IN THE SENSE THAT I WISH I COULD CONTINUE MY SERVICE TO THE  
13 WONDERFUL PEOPLE OF LOS ANGELES BUT SOMETIMES IT'S TIME TO GO.

14

15 **SUP. BURKE:** WE ALL UNDERSTAND THAT.

16

17 **PHILLIP BROWNING:** I JUST WANT TO SAY ON BEHALF OF THE 14,000  
18 STAFF AT D.P.S.S., WE'RE GOING TO BE SORRY TO SEE HIM LEAVE.  
19 WE HAVE SOME OF THE D.P.S.S. FAMILY UP HERE TO GET THEIR  
20 PICTURE TAKEN WITH HIM. HE'S GOING TO BE MOVING TO NORTH  
21 CAROLINA BUT WE'RE GOING TO STAY IN CONTACT. WE'RE REALLY  
22 GOING TO MISS HIM.

23

24 **SUP. BURKE:** LET'S TAKE A PHOTO WITH EVERYONE. [ APPLAUSE ] [  
25 LAUGHTER ]



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1

2 **SPEAKER:** THANK YOU SO VERY MUCH.

3

4 **SUP. BURKE:** SUPERVISOR KNABE?

5

6 **SUP. KNABE:** THANK YOU, MADAM CHAIR. MEMBERS OF THE BOARD.

7 SEVERAL PRESENTATIONS HERE THIS MORNING BUT FIRST WE'RE HAPPY

8 FOR HER BUT WE'RE GOING TO MS. HER. I'M GOING TO CALL MARIE

9 MARTINEZ UP AND TO BRING HER FAMILY WHO IS HERE WITH HER AS

10 WELL. AS WE ALL KNOW HER, SHE IS OUR FISCAL SERVICE DIVISION

11 PERSON, MARIE, AND THIS IS A HARD ONE. SHE BEGAN HER CAREER IN

12 THE COUNTY IN 1980 AT THE MECHANICAL DEPARTMENT IN THE BUDGET

13 AND MANAGEMENT SERVICES DIVISION. DURING HER 25-YEAR CAREER,

14 MARIE HAS WORKED AT RANCHO AS WELL AS THE MUNICIPAL AND

15 SUPERIOR COURT AND ENDING HER COUNTY CAREER WITH EXECUTIVE

16 OFFICE OF THE BOARD OF SUPERVISORS AS THE CHIEF OF OUR FISCAL

17 SERVICES DIVISION. SHE HAS JUST DONE AN ABSOLUTELY OUTSTANDING

18 JOB IN THAT AND IS VERY RESPECTED AND HIGHLY RESPECTED NOT

19 ONLY BY ALL OF US BUT THE WHOLE TEAM, AS WELL, AND SHE'S A

20 VERY SPECIAL LADY AND SHE IS GOING TO PURSUE A NEW CAREER.

21 SHE'S NOT JUST WALKING AWAY. SHE IS GOING TO GO TO WORK FOR

22 THE ST. MARINA DE PARIDAS CATHOLIC CHURCH AS THEIR BUSINESS

23 MANAGER SO SHE'S TAKING ON A NEW CAREER. WE WANT TO THANK HER

24 FOR HER 25 YEARS OF SERVICE TO THE COUNTY AND WE WISH HER WELL

25 IN HER NEW CAREER. MARIE, CONGRATULATIONS. [ APPLAUSE ]



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1

2 **SUP. MOLINA:** SUPERVISOR KNABE, IF I COULD JUST ADD, MY STAFF  
3 JUST TELLS ME THAT YOU HAVE ALWAYS BEEN A GODSEND TO THEM IN  
4 HELPING THEM WITH EVERY ANSWER. WE REALLY APPRECIATE YOUR  
5 SERVICE WITH US AND WE WISH YOU THE VERY, VERY BEST AS YOU  
6 START A BRAND NEW PATHWAY. CONGRATULATIONS TO YOU.

7

8 **MARIE MARTINEZ:** I JUST WANT TO SAY THANK YOU TO L.A. COUNTY,  
9 OF COURSE, TO EVERYONE I'VE WORKED WITH, TO MY SUPPORT TEAM,  
10 MY FAMILY AND, OF COURSE, TO GOD BECAUSE, WITHOUT HIM, NONE OF  
11 THIS WOULD BE POSSIBLE. SO THANK YOU. I'M TAKING EVERYTHING I  
12 LEARNED HERE AND I WILL USE IT TO ENHANCE THE COMMUNITY AT ST.  
13 MARIANA DEL PARIDES IN PICO RIVERA. AND ONE LAST NOTE, I JUST  
14 NEED TO SAY TO MY GODSON WHO WATCHES THE BOARD MEETINGS EVERY  
15 WEDNESDAY NIGHT AND CALLS ME AND SAYS, "WHAT'S HAPPENING AT  
16 THE BOARD OF SUPERVISORS?" YOU CAN STILL CALL ME BUT I DON'T  
17 KNOW IF I'LL HAVE ALL THE ANSWERS FOR YOU. SO THANK YOU. [  
18 APPLAUSE ]

19

20 **CLERK SACHI HAMAI:** I ALSO WANT TO JUST THANK MARIE FOR HER  
21 OUTSTANDING JOB THAT SHE'S DONE SINCE I'VE BECOME THE  
22 EXECUTIVE OFFICER AND I'M REALLY SORRY TO SEE YOU GO BUT, YOU  
23 KNOW, I WISH YOU WELL IN YOUR NEW ENDEAVOR. SO THANK YOU VERY  
24 MUCH.

25





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1   **SUP. KNABE:** NOW I'D LIKE TO CALL UP JIM HENDRICKSON, WHO IS  
2   THE CITY MANAGER OF PALES VERDES ESTATES, JOINED BY HIS WIFE,  
3   KATHY, AND THE MAYOR PRO TEM OF THE CITY, THE HONORABLE JOE  
4   SHERWOOD. LATER THIS MONTH, JIM IS GOING TO BE RETIRING AS  
5   CITY MANAGER OF PALOS VERDES ESTATES AFTER 17 YEARS OF  
6   DISTINGUISHED SERVICE. HE HAD A DISTINGUISHED SERVICE IN  
7   PUBLIC ADMINISTRATION SOME 34 YEARS. HE WORKED IN THE CITIES  
8   OF SARATOGA AND FRESNO AS ASSISTANT CITY MANAGER. HE LATER  
9   MOVED TO SOUTHERN CALIFORNIA TO BECOME THE CITY MANAGER OF SAN  
10   CLEMENTE AND, IN 1989, HE BECAME THE CITY MANAGER OF PALOS  
11   VERDES ESTATES. HE SPENT PART OF HIS YOUTH WITH HIS FAMILY IN  
12   SANTIAGO, CHILE. THIS EXPERIENCE INSPIRED HIM TO OBTAIN A  
13   DEGREE IN LATIN AMERICAN STUDIES FROM GEORGETOWN UNIVERSITY  
14   AND TO LATER SERVE WITH THE PEACE CORPS IN BOLIVIA FROM 1978  
15   TO 1971. JIM LATER RECEIVED HIS MASTERS DEGREE IN PUBLIC  
16   ADMINISTRATION FROM SYRACUSE UNIVERSITY, SPENT A COUPLE OF  
17   COLD WINTERS BACK THERE AND IMMEDIATELY DECIDED HE NEVER  
18   WANTED TO LEAVE SOUTHERN CALIFORNIA AGAIN. SO HE DECIDED TO  
19   PURSUE A PUBLIC SERVICE CAREER HERE AT THE LOCAL LEVEL.  
20   THROUGHOUT HIS 17 YEAR CAREER AT PALOS VERDES ESTATES, HE HAS  
21   REALLY EARNED THE GRATITUDE AND ADMIRATION OF MANY, MANY  
22   FOLKS, NOT ONLY HIS MAYORS AND CITY COUNCIL BUT THE RESIDENTS  
23   OF THE CITY AS WELL. SO, JIM, WE WISH YOU THE BEST, WANT TO  
24   THANK YOU FOR YOUR SERVICE. IT'S BEEN A PLEASURE WORKING WITH



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1 YOU AND WE WISH YOU GOOD HEALTH AND HAPPINESS IN RETIREMENT. [  
2 APPLAUSE ]

3

4 **JIM HENDRICKSON:** I JUST WANT TO THANK YOU VERY MUCH,  
5 SUPERVISOR, FOR THIS BEAUTIFUL CERTIFICATE. I'VE HAD THE  
6 PRIVILEGE OF SERVING NEARLY 35 YEARS IN THE CITY MANAGEMENT  
7 PROFESSION. IT'S A NOBLE PROFESSION, AS MY PREDECESSOR SAID,  
8 AND WE'VE BEEN, THE LAST 18 YEARS ALMOST, IN THE CITY OF PALOS  
9 VERDES ESTATES. WE'VE BEEN VERY, VERY ABLY REPRESENTED IN  
10 P.V.E. BY, FIRST, DEAN DANA AND, FOR THE PAST 11 YEARS, BY  
11 SUPERVISOR KNABE. HE'S BEEN A STELLAR PERSON TO WORK WITH AND  
12 I JUST WANT TO THANK YOU PERSONALLY, SUPERVISOR, FOR ALL THAT  
13 YOU'VE DONE FOR US. THANK YOU. [ APPLAUSE ]

14

15 **SUP. KNABE:** NEXT, I'D LIKE TO CALL PHILIP BROWNING, OUR  
16 DIRECTOR OF PUBLIC SOCIAL SERVICES, BACK UP HERE, CHIEF DEPUTY  
17 CHERYL SPILLER AND A NUMBER OF MEMBERS OF THE D.P.S.S. STAFF  
18 TO JOIN ME HERE, AS WELL. OBVIOUSLY, PAYMENT ACCURACY AND  
19 QUALITY ASSURANCE ARE THE TWO THINGS THAT A PERSON SHOULD  
20 EXPECT FROM A PUBLIC AGENCY BUT THE REASON WE ARE HONORING THE  
21 DEPARTMENT HERE TODAY IS TO HIGHLIGHT A VERY SIGNIFICANT  
22 EFFORT UNDERTAKEN BY STAFF THROUGHOUT THE ENTIRE DEPARTMENT AT  
23 EVERY LEVEL. TOGETHER, THEY HAVE TACKLED WHAT WAS CONSIDERED  
24 TO BE A VERY SERIOUS PROBLEM WITH GRAVE IMPLICATIONS FOR THE  
25 COUNTY OVER SEVEN YEARS AGO. WHAT WE WERE FACING AT THAT TIME,



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1 AND THERE WAS PLENTY OF MEDIA COVERAGE ABOUT IT, WAS VERY  
2 SIGNIFICANT FEDERAL PENALTIES FOR HIGH ERROR RATES IN THE FOOD  
3 STAMP PROGRAM. BUT, INSTEAD OF GIVING UP, THEY MET THE  
4 CHALLENGE. THEY CAME TOGETHER AND NOT ONLY DEALT WITH THE  
5 PROBLEM BUT CREATED NEW AND EFFECTIVE WAYS OF ENSURING THAT  
6 THIS WOULD NEVER HAPPEN AGAIN. NOW, THANKS TO STRONG  
7 MANAGEMENT, INNOVATIVE PRACTICES, THEY HAVE BECOME A NATIONAL  
8 MODEL. AND, MOST IMPORTANTLY, GOOD OLD FASHIONED TEAMWORK,  
9 QUALITY ASSURANCE IS A SOURCE OF PRIDE AND INTEGRITY FOR THE  
10 14,000 EMPLOYEES OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES.  
11 WE'RE PLEASED TO HONOR THEM TODAY BUT ALSO TO REPORT THAT, IN  
12 THE QUALITY ASSURANCE IN THE HISTORY OF THE FOOD STAMP PROGRAM  
13 OF LOS ANGELES COUNTY, IN THE FIRST QUARTER OF 2007, ONLY A  
14 TOTAL OF THREE CASES OF ERROR WERE DETECTED. CONSIDERING THAT  
15 THEY ARE LOOKING AT A CASELOAD OF OVER 270,000 PEOPLE, THIS IS  
16 TRULY A MILESTONE FOR THE DEPARTMENT AND THEY HAVE COME A LONG  
17 WAY ON THIS ISSUE AND WE JUST WANTED TO PUBLICLY TAKE THE TIME  
18 TO ACKNOWLEDGE THEIR CREATIVITY, THEIR HARD WORK AND THEIR  
19 TEAMWORK AS A DEPARTMENT TO OVERCOME WHAT WAS A VERY SERIOUS  
20 ISSUE HERE FOR THE COUNTY OF LOS ANGELES. CONGRATULATIONS. [  
21 APPLAUSE ]

22

23 **PHILIP BROWNING:** THANK YOU, SUPERVISOR. WE JUST HAVE A FEW OF  
24 THE STAFF UP HERE WHO, EVERY DAY, SERVE OVER 600,000 RESIDENTS  
25 OF THIS COUNTY, PROVIDING OVER \$800 MILLION WORTH OF FOOD



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1 STAMP BENEFITS EACH YEAR. THAT'S A HUGE AMOUNT OF MONEY WHICH  
2 GOES TO HELP REDUCE POVERTY AND ELIMINATE HUNGER. WITHOUT THIS  
3 ERROR RATE REDUCTION, LOS ANGELES COUNTY WOULD HAVE BEEN  
4 FACING OVER \$60 MILLION IN PENALTIES AND I WANT TO GIVE MY  
5 PREDECESSOR, BRYCE YOKOMIZO, AN AWFUL LOT OF CREDIT FOR  
6 BRINGING THE DEPARTMENT TO THIS VERY, VERY LOW ERROR RATE. I  
7 DON'T THINK ANY STATE OR COUNTY IN THE NATION HAS PERFORMED  
8 LIKE LOS ANGELES COUNTY AND THE PEOPLE BEHIND ME ARE JUST AN  
9 EXAMPLE OF THE DEDICATION AND COMMITMENT TO THIS PROGRAM.  
10 THANK YOU. [ APPLAUSE ]

11

12 **SUP. BURKE:** SUPERVISOR MOLINA, YOU HAVE NO PRESENTATIONS? ALL  
13 RIGHT, I'LL GO FORWARD WITH MY ADJOURNMENTS. I MOVE THAT, WHEN  
14 WE ADJOURN TODAY, WE ADJOURN IN MEMORY OF DR. CLEOPHUS  
15 BARNETT, A LONG-TIME SECOND DISTRICT PRACTITIONER AT IMPERIAL  
16 VALLEY MEDICAL GROUP IN COMPTON WHO PASSED AWAY ON JUNE 2ND.  
17 HE LEAVES TO CHERISH HIS MEMORY HIS WIFE, MAXINE, DAUGHTER,  
18 DR. WINIFRED WILLIAMS AND SONS, DR. EDWIN BARNETT AND NORMAN  
19 BARNETT. AND KATHY BANKS, FOUNDER OF NAKA BROILER IN COMPTON  
20 PASSED AWAY ON JUNE 5TH. SHE LEAVES TO CHERISH HER MEMORY A  
21 HOST OF FAMILY AND FRIENDS. NELLIE LUTCHER, JAZZ PIANIST, SONG  
22 WRITER AND RECORDING ARTIST WHO MADE A STRING OF HITS IN THE  
23 '40S AND '50S PASSED AWAY ON FRIDAY, JUNE 8TH, AT A NURSING  
24 HOME IN LOS ANGELES AT THE AGE OF 94. SHE'S SURVIVED BY HER  
25 SON, TALMADGE LEWIS, A SISTER, MARGIE LUTCHER LEVY OF LOS



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1 ANGELES AND A GRANDDAUGHTER, KIRA LEWIS. AND SCOTT GRACE,  
2 FORMER DEPUTY DIRECTOR OF BUILDING SERVICE DEPARTMENT AND  
3 PRINCIPAL PERSONNEL ANALYST WITH THE DEPARTMENT OF PERSONNEL  
4 FOR THE COUNTY OF LOS ANGELES WHO RETIRED IN 1986 PASSED AWAY  
5 JUNE 7TH. HE'S SURVIVED BY HIS WIFE, TANYA, AND SON, SCOTT. SO  
6 ORDERED. I'M GOING TO ALSO READ ANTONOVICH'S ADJOURNMENTS.  
7 CATHERINE ANNMARIE SMITH, LOVING MOTHER AND RESIDENT OF  
8 LANCASTER. AND DON H. MINASSIAN WAS FORMALLY ON THE LOS  
9 ANGELES COUNTY ILLEGAL DUMPING TASKFORCE. HE WAS A PRECISION  
10 MACHINIST AND WORKED IN ELECTRONICS IN THE ANTELOPE VALLEY  
11 SINCE THE 1970S. HE SERVED ACTIVE DUTY AS A U.S. NAVY  
12 TECHNICIAN ABOARD AN AIRCRAFT CARRIER IN THE PHILIPPINES AND  
13 WAS AWARDED A PURPLE HEART IN 1944. HE SERVED AS A VOCAL  
14 PROPONENT OF PUBLIC TRANSPORTATION IN THE ANTELOPE VALLEY.  
15 WILLIAM FREDERICK COATES, AGE 88, WAS A LONG-TIME RESIDENT OF  
16 ANTELOPE VALLEY. MR. COATES CAME TO THE ANTELOPE VALLEY IN  
17 1949 AND OPERATED A BREAD SHOP IN LANCASTER WHICH HE LATER  
18 CONVERTED INTO A FLOWER SHOP. WILLIAM WAS A VETERAN IN WORLD  
19 WAR II, HAVING SERVED HIS COUNTRY IN THE ARMY. HE PARTICIPATED  
20 IN CHURCH AND CIVIC ORGANIZATIONS IN LANCASTER AND SAN DIEGO.  
21 ANTHONY S. COY WAS THE FIRE CHIEF OF THE BURBANK GLENDALE  
22 PASADENA AIRPORT AUTHORITY AND SERVED 22 YEARS IN THE FIRE  
23 SERVICE. MR. COY ALSO SERVED OUR COUNTRY DURING OPERATION OF  
24 DESERT STORM IN THE AIR FORCE. HE PASSED AWAY ON MAY 29TH,  
25 2007 AT THE AGE OF 40. JAMES GULBRANSON WAS THE OWNER OF THE



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1 SAN FERNANDO GLASS COMPANY. HE SERVED HIS COUNTRY AS AN  
2 OFFICER IN THE UNITED STATES ARMY AND WAS AWARDED THE CIVIL  
3 STAR FOR ACTION AS A PLATOON LEADER. MR. GULBRANSON WAS ACTIVE  
4 IN THE MARK R. HARRINGTON MEMORIAL LIBRARY SOCIETY AND TRAINED  
5 FACULTY MEMBERS AT THE ANDRES PICO ADOBE. RUTH ELLEN HURST OF  
6 WEST COVINA PASSED AWAY ON MAY 19TH, 2007. SHE WAS 92 YEARS  
7 OLD. MRS. HURST WAS THE WIFE OF JOE HURST, A LONG-TIME MEMBER  
8 OF THE WEST COVINA CITY COUNCIL AND FORMER MAYOR OF THE CITY  
9 OF WEST COVINA. SHE AND HER HUSBAND DONATED THEIR HOUSE, BARN  
10 AND SHED TO THE CITY TO BE USED FOR THE HURST RANCH HISTORICAL  
11 FOUNDATION. SHE'S SURVIVED BY THREE CHILDREN, FIVE  
12 GRANDCHILDREN AND ONE GREAT-GRANDCHILD. KARL TARASOFF WAS A  
13 STAFF NURSE AT THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT. HE  
14 PASSED AWAY ON MAY 9TH, 2007. HE WAS LAST ASSIGNED TO THE  
15 MEN'S CENTRAL JAIL. SO ORDERED.

16  
17 **CLERK SACHI HAMAI:** MADAM CHAIR PRO TEM, THERE WAS SOMETHING  
18 THAT WAS BROUGHT TO MY ATTENTION. ON THE AGENDA, WE HAD A SET  
19 MATTER AT 11 O'CLOCK BUT, AS INDICATED ON THE SUPPLEMENTAL  
20 AGENDA, THE CHIEF ADMINISTRATIVE OFFICER REQUESTED THAT THIS  
21 ITEM BE CONTINUED ONE WEEK TO JUNE 19TH.

22  
23 **SUP. BURKE:** ALL RIGHT. WITHOUT OBJECTION, THE SET MATTER WILL  
24 BE CONTINUED TO JUNE 19TH.





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1    **CLERK SACHI HAMAI:** THANK YOU.

2

3    **SUP. BURKE:** WE'LL CALL UP ITEM 84-C. THERE ARE SOME PEOPLE  
4    WHO'VE ASKED TO SPEAK. NAJEE ALI, MELVIN FARMER AND MERV  
5    EVANS. WOULD YOU PLEASE COME FORWARD? ACTUALLY, THERE ARE FOUR  
6    SEATS THERE. ALSO MARCO MCFARLANE CAN COME FORWARD. PLEASE  
7    STATE YOUR NAME.

8

9    **NAJEE ALI:** MADAM CHAIR, BOARD OF SUPERVISORS, MY NAME IS NAJEE  
10    ALI, DIRECTOR OF PROJECT ISLAMIC HOPE. AND, ON BEHALF OF OUR  
11    ORGANIZATION AND MANY OUTRAGED CITIZENS OF LOS ANGELES, WE  
12    WELCOME YOU DEMANDING THAT SHERIFF BACA GIVE A REPORT TO THE  
13    SUPERVISORS INDICATING WHY HE MADE THE DECISION IN WHAT WE  
14    FEEL GAVE CELEBRITY PARIS HILTON PREFERENTIAL TREATMENT OVER  
15    THE THOUSANDS OF OTHER INMATES WHO ARE CURRENTLY INCARCERATED  
16    IN THE L.A. JAIL IN FACT, WE WOULD ASK RESPECTFULLY THAT YOU  
17    GO ONE STEP FURTHER AND DEMAND THAT SHERIFF BACA GIVE A LIST  
18    OF ALL THE INMATES WHO CURRENTLY HAVE A PHYSICAL OR EMOTIONAL  
19    AILMENT THAT MAY WARRANT THEM TO BE TREATED AS PARIS HILTON  
20    WAS AND REASSIGNED FAR AS GIVEN HOME RELEASE, ALSO. SO  
21    CERTAINLY WE WELCOME THE BOARD OF SUPERVISORS TO REALLY BE OUR  
22    VOICE BECAUSE WE FEEL THAT EVERYONE SHOULD BE TREATED-- THAT  
23    THERE SHOULD BE NO FAVORITISM TO ANYONE AND THIS SHOULD NOT BE  
24    ABOUT PARIS HILTON BUT THIS SHOULD BE ABOUT THE THOUSANDS OF  
25    OTHER INMATES WHO ARE CURRENTLY INCARCERATED IN THE L.A.



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1 COUNTY JAIL WHO NEED PROPER MEDICAL TREATMENT AND WHO AREN'T  
2 GIVEN MEDICAL TREATMENT AS PARIS HILTON WAS. SO, RESPECTFULLY,  
3 WE SUPPORT THE BOARD OF SUPERVISORS IN ASKING THAT SHERIFF  
4 BACA EXPLAIN HIS ACTIONS. THANK YOU VERY MUCH.

5

6 **SUP. BURKE:** THANK YOU. MELVIN FARMER, PLEASE HAVE A SEAT.

7

8 **NAJEE ALI:** HE HAD TO LEAVE. HE TOLD ME TO SPEAK FOR HIM. THAT  
9 WAS HIS.

10

11 **SUP. BURKE:** MERV EVANS?

12

13 **MERV EVANS:** I HAVE A HANDOUT TO PROVIDE YOU ALSO.

14

15 **SUP. BURKE:** AND MARCO MCFARLANE, WOULD YOU HAVE A SEAT? PLEASE  
16 STATE YOUR NAME.

17

18 **MERV EVANS:** MERVIN EVANS, LOS ANGELES, CALIFORNIA. SUPERVISOR  
19 BURKE, THIS WHOLE INCIDENT OF PARIS HILTON BEING GIVEN A TOP  
20 END, EXCESSIVE PENALTY ASSOCIATED WITH THIS CRIME OPENS THE  
21 DOOR FOR THOUSANDS OF BLACK AND HISPANIC INMATES TO BE TREATED  
22 IN A VERY DEROGATORY WAY. THERE ARE A NUMBER OF JUDGES IN THIS  
23 TOWN THAT, IF THEY COULD GO OFF OF SENTENCING GUIDELINES, THEY  
24 WILL MAX THE BROTHERS IN COMPTON, WATTS, SOUTH L.A. OUT. I  
25 STRONGLY URGE THE BOARD OF SUPERVISORS TO MEET WITH JUDGE



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1 SAUER AND MEET WITH THE SHERIFF. I DISAGREE WITH DISRESPECTING  
2 THE SHERIFF IN A PUBLIC WAY THAT IS JUST UNPROFESSIONAL. THE  
3 CONDUCT OF THE LOS ANGELES CITY ATTORNEY IN THIS CASE WAS A  
4 DISGRACE, ESPECIALLY TO FIND OUT THAT HIS WIFE IS NOT HAVING  
5 APPROPRIATE AUTO INSURANCE? THIS WHOLE MATTER NEEDS TO BE  
6 RESOLVED. LET PARIS OUT YESTERDAY. THE YOUNG LADY HAS TO BE  
7 COMMENDED FOR A FAMILY GIVING THE TYPE OF SUPPORT AND TAKING A  
8 SPECIAL ED ADULT OR A SPECIAL NEED ADULT AND CONVERTING HER  
9 INTO A WORLD CLASS MODEL. BUT WE HAVE HUNDREDS OF SPECIAL  
10 NEEDS ADULTS WHO ARE PASSING THROUGH OUR COUNTY SYSTEM.  
11 THEREFORE, WE NEED SOME PROCESS THAT WE CAN EVALUATE AND GET  
12 THEM THE APPROPRIATE MEDICAL ATTENTION, ESPECIALLY IN A COUNTY  
13 WHERE 40 PERCENT OF OUR PEOPLE DON'T HAVE MEDICAL CARE, IT  
14 SHOULD BE NO SURPRISE THAT THE COUNTY SYSTEM, THE COUNTY JAIL  
15 SYSTEM ISN'T WORKING EFFECTIVELY. THANK YOU FOR YOUR PUBLIC  
16 SERVICE TO THE BOARD OF SUPERVISORS.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. YOUR NAME?

19

20 **MARCO MCFARLANE:** MARCO MCFARLANE.

21

22 **SUP. YAROSLAVSKY, CHAIRMAN:** MARCO MCFARLANE, YOU'RE NEXT. AND  
23 THEN LET ME ASK MELVIN FARMER AND NATE VISWANATHAN TO COME  
24 DOWN. MR. MCFARLANE GO AHEAD.

25



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1 **MARCO MCFARLANE:** YEAH, GOOD MORNING. MY NAME IS MARCO  
2 MCFARLANE.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** HANG ON, LET'S MAKE SURE YOU GOT  
5 YOUR MICROPHONE ON THERE. THERE YOU GO, IT'S ON.

6

7 **MARCO MCFARLANE:** I STOOD HERE IN 2006 TO COMPLAIN ABOUT THE  
8 PUBLIC GUARDIAN'S OFFICE AND THE FACT THAT MY MOTHER AND I  
9 HAVE BEEN HARMED AND ARE BEING HARMED BY A PUBLIC  
10 CONSERVATORSHIP THAT JUDGE RONALD HARTMAN ORDERED TERMINATED  
11 IN 2004 AND, TO DATE, THIS HASN'T BEEN DONE. I WAS TOLD BY  
12 THIS BOARD THAT YOU GUYS DON'T GET INVOLVED IN COURT  
13 DECISIONS. WELL, OUR PROBLEM IS THE SAME AS MS. HILTON'S, IT'S  
14 A COURT DECISION AND THE PUBLIC GUARDIAN'S OFFICE HAS NOT  
15 FOLLOWED THE RULE OF LAW OR COURT ORDERS AND I'M ASKING THIS  
16 BOARD TO INTERVENE AGAIN FOR THE SECOND TIME. MS. BURKE'S  
17 STAFF STARTED ONCE AND THEY BACKED AWAY AND LEFT THIS AND  
18 WE'VE BEEN RETALIATED, RETALIATION. IT'S BEEN VERY UGLY BUT  
19 I'M ASKING THIS BOARD AGAIN TO REVISIT OUR PROBLEM AND BRING  
20 US SOME RELIEF.

21

22 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. MR. FARMER? IS HE  
23 HERE?

24

25 **ALI NAJEE:** HE HAD TO LEAVE.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** AND NATE VISWANATHAN, HE LEFT  
3 ALSO? HE'S RIGHT HERE.

4

5 **NATE VISWANATHAN:** GOOD MORNING. MY NAME IS NATE VISWANATHAN.  
6 MY SPEECH IS NOT TO SUPPORT ANY PARTY OR ANYBODY BUT THE TOTAL  
7 COUNTY, WHICH IS TO BE ULTIMATELY BENEFITED FROM WHAT HAS  
8 HAPPENED IN THE CASE OF PARIS HILTON. LET ME CLEAR MY THROAT.  
9 I WISH TO STATE HOW PARIS HILTON OPENED THE CITIZENS' EYES.  
10 EVERYONE HAS A JOB TO DO. HONORABLE JUDGE SAUER STRONGLY AND  
11 PASSIONATELY BELIEVED THAT PARIS HILTON MUST SERVE HER FULL  
12 TERM AS A VIOLATOR OF LAW AND, FROM HIS POINT OF VIEW, HE HAS  
13 SOUND REASONS TO STICK TO HIS BELIEF UNLESS HE IS CONVINCED  
14 OTHERWISE. WHEN SELECTED CASES GO TO THE U.S. SUPREME COURT,  
15 ALL THE NINE JUDGES NEED NOT THINK IN THE SAME WAY ON A GIVEN  
16 CASE. SOME STRICTLY FOLLOW THE LAW IF THE LAW IS REASONABLY  
17 CLEAR. OTHERS MAY LOOK THAT THE LAW DOES NOT SQUARE WITH THE  
18 FACTS WHOLLY AND TRY TO CONSIDER COMMON SENSE AND NOT JUST THE  
19 RIGID LEGAL POINT OF VIEW. THIS IS THE REASON THAT OUR 5 TO 4  
20 JUDGES AGREEING OR DISAGREEING ON SOME ISSUES AND MAKE A  
21 DECISION ON THAT BASIS. NOW, IN THE CASE OF SHERIFF BACA, HE  
22 HAS BEEN DOING A DIFFICULT JOB AS AN ELECTED OFFICIAL,  
23 HANDLING SOME 9,000 DEPUTIES. YES, 9,000 MINDS STRUGGLING TO  
24 WORK TOGETHER, STRUGGLING WITH A LIMITED FUNDING. FOR EXAMPLE,  
25 DIFFICULTY IN PUTTING TWO OFFICERS IN ALL PATROL CARS IN



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1 DIFFICULT NEIGHBORHOODS. LIKE ANYBODY ELSE, HE HAS TO FACE  
2 SOCIAL, LEGAL, POLITICAL AND ADMINISTRATIVE PRESSURE. WORST OF  
3 ALL, HANDLING THE COUNTY JAIL SYSTEM, THERE IS ROOM FOR ONLY  
4 20,000 INMATES. HE HAS BEEN SAID TO LET GO 40,000 OR SO  
5 INMATES A YEAR AT THE RATE OF 200,000 IN FIVE YEARS BEFORE  
6 THEY SERVE THE FULL TIME, CONSTANTLY TO MAKE ROOM FOR STREAM  
7 OF NEW ARRIVALS. IN SIMPLE TERMS, IF YOU USE THE MATHEMATICS,  
8 HE CAN KEEP ONE CONVICT OUT OF THREE AND HAS TO LET GO THE  
9 OTHER TWO. WHAT ELSE CAN BE DONE? I DON'T KNOW SHERIFF BACA. I  
10 HAVE NEVER MET HIM. I HAVE NEVER TALKED TO HIM. IS THIS THE  
11 FAULT OF THE SHERIFF OR THE FAULT OF THE WHOLE PRISON SYSTEM  
12 WITHIN THE COUNTY? THANK GOD PARIS HILTON'S CASE HAS BROUGHT  
13 TO LIGHT A MATTER OF SERIOUS IMPORTANCE TO THE PUBLIC'S  
14 ATTENTION. NO SHERIFF, EITHER MR. BACA OR ANYONE ELSE IN HIS  
15 PLACE CAN DO DRASTICALLY DIFFERENT. INSTEAD OF WASTING ANY  
16 MORE TIME, LET US PUT OUR MINDS TOGETHER AND HELP THE COURT  
17 SYSTEM, THE COMING SHERIFF OR THIS SHERIFF, AND THE CITIZENS  
18 TO OVERCOME THUS FAR THE HIDDEN PROBLEMS THAT SURFACED LIKE A  
19 SUDDEN VOLCANO ERUPTING IN LOS ANGELES. THANK YOU.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. THAT CONCLUDES THE  
22 PUBLIC TESTIMONY ON THIS ITEM. IS THERE ANYBODY WHO WANTS TO  
23 BE HEARD ON THIS? THIS IS FOR A REPORT BACK NEXT WEEK, I  
24 BELIEVE, IS THAT CORRECT?

25





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1 **CLERK SACHI HAMAI:** CORRECT.

2

3 **SUP. KNABE:** THE MOTION IS TO BRING IT BACK NEXT WEEK AND HAVE  
4 HIM REPORT BACK NEXT WEEK. THAT WAS JUST THE ACTION OF THE  
5 MOTION. MOVE IT.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** WITHOUT OBJECTION, THAT WILL BE  
8 THE ORDER. OKAY. WHO IS UP FIRST?

9

10 **CLERK SACHI HAMAI:** SUPERVISOR BURKE, SHE'S DONE HER  
11 ADJOURNMENTS, AND SO YOU'RE UP NEXT.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. LET ME GET MY ACT TOGETHER  
14 HERE. YEAH, GO AHEAD. THANKS.

15

16 **SUP. BURKE:** I CAN CALL ITEM NUMBER 53.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** WOULD YOU CALL 44 AND 56? THOSE  
19 WERE FOUR-VOTE ITEMS THAT THEY WERE HOLDING BECAUSE I WASN'T  
20 HERE.

21

22 **SUP. BURKE:** OKAY. LET ME CALL 44. MOVED BY KNABE, SECONDED BY  
23 YAROSLAVSKY WITHOUT OBJECTION, SO ORDERED. AND THERE WAS ONE  
24 OTHER.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** 56.

2

3    **SUP. BURKE:** MOVED BY MOLINA, SECONDED BY KNABE, WITHOUT  
4    OBJECTION, SO ORDERED. AND ITEM 12, IS IT 4 VOTES ALSO?

5

6    **SUP. YAROSLAVSKY, CHAIRMAN:** WE'RE HOLDING THAT FOR MEMBERS OF  
7    THE PUBLIC.

8

9    **CLERK SACHI HAMAI:** RIGHT. IT WAS ACTUALLY NOTED AS A FOUR-VOTE  
10    BUT IT'S REALLY A THREE-VOTE MATTER.

11

12    **SUP. BURKE:** BEING HELD BY SOMEONE, OKAY.

13

14    **SUP. YAROSLAVSKY, CHAIRMAN:** SHOULD WE TAKE UP NUMBER 12 NOW?  
15    LET'S TAKE UP NUMBER 12. WHO IS THE MEMBER OF THE PUBLIC WHO  
16    WANTS TO BE HEARD HERE?

17

18    **CLERK SACHI HAMAI:** PETER BAXTER.

19

20    **SUP. YAROSLAVSKY, CHAIRMAN:** PETER BAXTER? MR. BAXTER? GO  
21    AHEAD, MR. BAXTER, I'M SORRY.

22

23    **PETER BAXTER:** MR. CHAIRMAN, MEMBERS OF YOUR HONORABLE BOARD,  
24    MR. JANSSEN, LADIES AND GENTLEMEN, MY NAME IS PETER BAXTER AND  
25    I LIVE IN LOS ANGELES. I RESPECTFULLY BRING ATTENTION TO THE



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1 ITEM NUMBER 12 WHICH HAS AT THE CONCLUSION SAYS, "IN ORDER TO  
2 MINIMIZE THE POTENTIAL FOR TERRORIST ATTACKS". NOW, WHAT I'M  
3 SUGGESTING, SIR, IS THAT THE TERRORIST ATTACK THAT WE ALL HAVE  
4 IN MIND IS THE 9/11 ATTACK, WHICH WAS A TOTAL DISASTER. NOW,  
5 I'M THINKING IN TERMS OF A BOW AND ARROW GAVE WAY TO A RIFLE.  
6 A SAILING SHIP GAVE WAY TO A STEAMSHIP. BUT DO YOU-- WE ALL OF  
7 US REALIZE THAT, YOU KNOW, IF A SIMILAR FIRE TOOK PLACE IN ONE  
8 OF OUR 30-FLOOR BUILDINGS, WE WOULDN'T HAVE A DIFFERENT WAY OF  
9 DEALING WITH IT. WE DON'T HAVE A STEAMSHIP COMPARED WITH A  
10 SAILING SHIP. THIS IS WHAT IS SO PECULIAR. HERE WE HAVE AN  
11 INDUSTRIAL REVOLUTION THAT GOES BACK-- THAT TAKES NO NOTICE OF  
12 NATIONALITY AND, IN THE INDUSTRIAL REVOLUTION, WE ARE  
13 CONSTANTLY BRINGING TO THE FORE A SYSTEM LIKE STEAMSHIPS  
14 RATHER THAN SAILING SHIPS. AND YET THE SAME OLD WAY OF DOING  
15 FIREFIGHTING IS UNDERTAKEN AND WE DON'T EVEN DISCUSS IT. WE  
16 HAVE MORE DISCUSSION OVER A PLASTIC BAG AND OVER MS. PARIS  
17 HILTON'S ADVENTURES THAN WE HAVE OVER WHETHER OR NOT WE HAVE--  
18 DEALING WITH FIRE IN A DIFFERENT WAY IN SIMILAR FASHION FROM A  
19 SAILING SHIP TO THE STEAMSHIP AND YET WE DON'T EVEN HAVE A  
20 DISCUSSION ON IT. YOUNG MEN COME IN HERE AND THEY ARE GIVEN  
21 AWARDS BECAUSE THEY FLY HELICOPTERS DROPPING BAGS OF WATER AT  
22 GREAT RISK TO THEMSELVES AT NIGHTTIME. IT'S SO STRANGE THAT,  
23 IN AN INDUSTRIAL NATION, WE DON'T HAVE THE EQUIVALENT OF THE  
24 RIFLE COMPARED WITH THE BOW AND ARROW AND WE DON'T HAVE THE  
25 EQUIVALENT OF THE STEAMSHIP IN TERMS OF FIREFIGHTING. AND WE



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1 DON'T EVEN HAVE A DISCUSSION. NO ONE'S GOING TO COME OUT HERE.  
2 I DOUBT IF THE CHIEF OF THE FIRE DEPARTMENT IS EVEN  
3 RECOGNIZED. CHIEF BACA, HE'S KNOWN. CHIEF OF THE FIRE  
4 DEPARTMENT. HE'S VERY SELDOM OUT HERE, I CAN ONLY REMEMBER  
5 SAY, ONE, TWO, MAYBE TWO OCCASIONS OVER THE LAST YEAR AT WHICH  
6 TIME HE'S BEEN HERE AT ALL IN TERMS OF GETTING AN AWARD, ALL  
7 OF WHICH IS RESPECTFULLY SUBMITTED AND I THANK YOU, MR.  
8 CHAIRPERSON, MR. CHAIRMAN.

9

10 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, MR. BAXTER. WE HAVE THE  
11 ITEM BEFORE US. ITEM NUMBER 12. MR. KNABE MOVES, MS. MOLINA  
12 SECONDS, WITHOUT OBJECTION, UNANIMOUS VOTE. ITEM 53. MEMBER OF  
13 THE PUBLIC? DR. JAMES LEMUS? IS IT LEMUS? CORRECT ME IF I WAS  
14 WRONG IN THE PRONUNCIATION, I CAN'T READ YOUR HANDWRITING.

15

16 **DR. JAMES LEMUS:** JAMES LEMUS IT'S DOCTOR WRITING.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** PROOF THAT YOU'RE A DOCTOR THAT I  
19 CAN'T READ YOUR HANDWRITING.

20

21 **DR. JAMES LEMUS:** YES, INDEED. THIS IS ITEM 53, GOOD MORNING.  
22 I'M DR. JAMES LEMUS OF LEMUS MEDICAL CENTER AND D.P.S.S., ITEM  
23 53 IS ABOUT G.R.S.I. EXAMS, A VITAL SERVICE TO L.A. COUNTY FOR  
24 THE G.R. POPULATION, THE RESIDENTS OF THIS COUNTY. THE  
25 D.P.S.S. IS REQUESTED TO PUT IT AS A SOLE SOURCE CONTRACT,



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1 WHICH IS A BAD IDEA. THIS MULTIPLE VENDORS IS THE WAY, A FAIL  
2 SAFE VENDOR OPPORTUNITY FOR L.A. COUNTY. COMPETITION IS  
3 HEALTHY. JUST THE BIDDING PROCESS ALONE HAS REDUCED PRICE OF  
4 SERVICES BY OVER 10 PERCENT. AND THE CURRENT PROPOSAL TO GO  
5 MONTH-TO-MONTH IS STILL 10 PERCENT LESS, BY MY PROPOSAL, THAN  
6 WHAT IS CURRENTLY PROPOSED. I RECOMMEND THAT YOU VOTE FOR  
7 MULTIPLE VENDORS AN EXISTING CONTRACT, THE D.P.S.S. CAN AWARD  
8 MULTIPLE VENDORS. I AM WILLING TO ACCOMMODATE ANY CONCERNS  
9 D.P.S.S. MAY HAVE. COMPETITION OF BIDDING CAN REDUCE VENDOR  
10 PRICING AND THIS IS A COUNTY SAVINGS FROM BOTH THE MONEY BUT  
11 ALSO IN TERMS OF QUALITY. IF YOU HAVE ANY QUESTIONS, I'D LIKE  
12 TO VOTE FOR YOU TO DECIDE ON COMPETITION AND MULTIPLE VENDORS.  
13 THAT'S IT.

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU VERY MUCH. IS THERE  
16 SOMEBODY FROM THE STAFF ON THIS? SOMEBODY FROM D.P.S.S. THAT  
17 CAN-- ALL RIGHT, THANK YOU, DR. LEMUS, YOU'RE EXCUSED. JUST  
18 BRIEFLY RESPOND.

19

20 **PHILLIP BROWNING:** SUPERVISOR, PHILIP BROWNING, DIRECTOR,  
21 D.P.S.S. WHAT WE'VE ASKED TODAY IS THAT THERE JUST BE A MONTH-  
22 TO-MONTH CONTINUATION OF A CURRENT CONTRACTUAL RELATIONSHIP  
23 UNTIL A PROTEST, WHICH IS CURRENTLY BEING REVIEWED, CAN BE  
24 RESOLVED. WE DO THINK THAT-- THERE ARE TWO VENDORS CURRENTLY



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1 IN PLACE. ALL WE'RE ASKING FOR IS A MONTH-TO-MONTH  
2 CONTINUATION OF THE EXISTING OPERATION.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT, THANK YOU FOR THAT  
5 SUCCINCT AND THOROUGH EXPLANATION. IS THERE ANY DISCUSSION OF  
6 THE BOARD MEMBERS? IF NOT, MR. KNABE MOVES, MS. BURKE SECONDS.  
7 WITHOUT OBJECTION, UNANIMOUS VOTE ON ITEM 53. ITEM NUMBER 83?

8

9 **CLERK SACHI HAMAI:** ON ITEM 83, THAT'S A PUBLIC HEARING. AND  
10 LET ME FIRST READ THE SHORT TITLE IN FOR THE RECORD. THIS IS  
11 THE HEARING ON PURCHASE OF UNIMPROVED REAL PROPERTY LOCATED IN  
12 THE UNINCORPORATED LA SIERRA CANYON AREA OF SANTA MONICA  
13 MOUNTAINS FOR A PURCHASE PRICE OF \$710,680 FROM THE MOUNTAIN  
14 RESTORATION TRUST. AND ALL THOSE WHO PLAN TO TESTIFY BEFORE  
15 THE BOARD ON THIS ITEM, PLEASE STAND AND RAISE YOUR RIGHT HAND  
16 TO BE SWORN IN.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** IS THERE ANYBODY WHO WANTS TO BE  
19 HEARD ON ITEM 83?

20

21 **CLERK SACHI HAMAI:** I DON'T BELIEVE SO.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** SEEING NONE, PUBLIC HEARING IS  
24 CLOSED. SO THE ITEM IS BEFORE US, CORRECT?

25



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1     **CLERK SACHI HAMAI:** CORRECT.

2

3     **SUP. YAROSLAVSKY, CHAIRMAN:** I WILL MOVE IT AND MS. BURKE WILL  
4     SECOND. WITHOUT OBJECTION, UNANIMOUS VOTE. ALL RIGHT, THAT  
5     TAKES CARE OF ME. I HAVE ONE ADJOURNING MOTION. I DON'T HAVE  
6     THE INFORMATION BUT I JUST SAW IT IN THE PAPER YESTERDAY AND  
7     THAT IS ROY RINGER, WHO IS AN EDITORIAL WRITER FOR THE LOS  
8     ANGELES TIMES SOME YEARS AGO, JOURNALISM AND ACTIVE SOMEWHAT  
9     POLITICALLY AS WELL, PASSED AWAY. I KNEW ROY IN THE EARLIER  
10    PART OF MY CAREER. HE WAS A VERY LEARNED, FAIR AND ENGAGED  
11    HUMAN BEING. HE WAS A REAL ASSET TO LOS ANGELES. I ASK THAT WE  
12    ADJOURN IN HIS MEMORY AND I'LL GET YOU THE INFORMATION. THAT'S  
13    ALL I HAVE. MR. KNABE?

14

15   **SUP. KNABE:** YES, MR. CHAIRMAN, MEMBERS OF THE BOARD, I HAVE  
16   SOME ADJOURNMENTS AS WELL. FIRST OF ALL THAT WE ADJOURN IN  
17   MEMORY OF PAT ZELTNER. LONG-TIME FRIEND, PAT IS THE WIFE OF  
18   FORMER CITY COUNCILMAN AND MAYOR OF THE CITY OF LAKEWOOD AND  
19   FORMER STATE LEGISLATOR, PAUL ZELTNER. SHE PASSED AWAY ON MAY  
20   28TH AT THE AGE OF 77. SHE WAS VERY ACTIVE WITH MEALS ON  
21   WHEELS, THE HOSPICE IN LAKEWOOD AND MANY ORGANIZATIONS, NOT  
22   ONLY IN LAKEWOOD BUT SINCE THEIR MOVE TO RANCHO BERNARDO AS  
23   WELL. SHE WILL BE MISSED BY HER FAMILY AND FRIENDS. SHE IS  
24   SURVIVED BY HER HUSBAND OF 61 YEARS, PAUL, DAUGHTERS,  
25   CHRISTINE AND CHARLENE, SON, PAUL, NINE GRANDCHILDREN, AND





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1 SEVEN GREAT- GRANDCHILDREN. THE ZELTNER FAMILY WAS VERY  
2 INVOLVED, AGAIN, NOT ONLY THE CITY COUNCIL AND THE STATE  
3 LEGISLATURE BUT, AS YOU KNOW, PAUL, AS WELL, RETIRED FROM THE  
4 LOS ANGELES COUNTY SHERIFF'S DEPARTMENT. ALSO ASK THAT WE  
5 ADJOURN IN MEMORY OF WALT TARVIN, A LONG TIME SHERIFF  
6 VOLUNTEER ON PATROL WITH POSSIBLY THE MOST VOLUNTEER SERVICE  
7 HOURS AT THE INDUSTRY SHERIFF'S STATION. WALT RETIRED FROM  
8 GENERAL ELECTRIC IN EL MONTE AND THEN BECAME VERY HEAVILY  
9 INVOLVED IN LAW ENFORCEMENT ACTIVITIES. HE ORCHESTRATED THE  
10 LOS ANGELES SHERIFF'S DEPARTMENT PARKING CONTROL EFFORT EVERY  
11 YEAR FOR ALL THE CONCERTS IN THE PARK. HE WILL BE MISSED BY  
12 ALL WHO KNEW HIM. HE'S SURVIVED BY HIS WIFE, DOROTHY. ALSO WE  
13 ADJOURN IN MEMORY OF BELLA IMPELLIZERI, WHO PASSED AWAY ON  
14 JUNE 1ST. SHE WILL BE MISSED BY HER FAMILY AND FRIENDS. SHE IS  
15 SURVIVED BY HER TWO DAUGHTERS, MARY ANN AND AUDREY, SON,  
16 JOSEPH, WHO IS A CAPTAIN IN OUR LOS ANGELES COUNTY AIR BUREAU.  
17 ALSO WE ADJOURN IN MEMORY OF A GOOD FRIEND MR. ERNIE DAVIS,  
18 WHO WAS THE FOUNDER OF PROFESSIONALS AND PERSONNEL STAFFING  
19 PASSED AWAY SUDDENLY AT THE AGE OF 75. HE WAS VERY INVOLVED IN  
20 THE LONG BEACH COMMUNITY. HE WAS A FOUNDING SPONSOR OF  
21 LEADERSHIP LONG BEACH AND A MEMBER OF MANY ORGANIZATIONS,  
22 INCLUDING THE DOWNTOWN LONG BEACH KIWANIS AND THE LONG BEACH  
23 AREA CHAMBER OF COMMERCE. HE WAS A PILOT, ENJOYED FLYING WITH  
24 HIS FRIENDS TO CATALINA. HE WILL BE MISSED BY HIS FAMILY AND  
25 MANY FRIENDS. HE IS SURVIVED BY HIS WIFE, PHYLLIS, CHILDREN,



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1 DON, DEBORAH, RHONDA, SISTERS, WILMA AND JEAN, 16  
2 GRANDCHILDREN AND FOUR GREAT- GRANDCHILDREN. HE ALSO LEAVES A  
3 STEP MOTHER, THELMA, STEP CHILDREN DEBORAH, LAURA, AND  
4 CHRISTOPHER. GREAT GUY. ALSO THAT WE ADJOURN IN MEMORY OF  
5 DANIEL STROUD AND DALTON BARNES. DANIEL STROUD, AGE 17, HIS  
6 BROTHER, CHANCE, AGE 13, AND THEIR FRIEND DALTON, AGE 14, WERE  
7 INVOLVED IN A CAR ACCIDENT LAST THURSDAY WHILE DRIVING HOME  
8 FROM SCHOOL. DANIEL, A SOUTH HILLS HIGH SCHOOL FOOTBALL  
9 PLAYER, WAS DRIVING WHEN HIS PICKUP TRUCK WENT OFF THE ROAD  
10 AND FLIPPED OVER. BOTH DANIEL AND DALTON DID NOT SURVIVE AND  
11 CHANCE IS CURRENTLY IN CRITICAL CONDITION. DANIEL IS THE SON  
12 OF TRAY STROUD, A DIGITAL SYSTEMS TECHNICIAN FOR THE SHERIFF'S  
13 DEPARTMENT AND ALSO A MEMBER OF MY PUBLIC SAFETY APPRECIATION  
14 LUNCHEON COMMITTEE. DALTON'S FATHER, GLEN BARNES, IS A RESERVE  
15 DEPUTY SHERIFF AT THE SAN DIMAS STATION. OUR THOUGHTS AND  
16 PRAYERS ARE WITH THE STROUD AND BARNES FAMILY DURING THIS MOST  
17 DIFFICULT TIME. ALSO WE ADJOURN IN MEMORY OF GLENNA CRANE, A  
18 LONG TIME RESIDENT OF LAKEWOOD WHO PASSED AWAY ON JUNE 5TH.  
19 SHE LOVED LAKEWOOD AND LOVED TALKING ABOUT IT BEFORE IT BECAME  
20 A CITY. SHE AND HER LATE HUSBAND BOUGHT THEIR FIRST HOME IN  
21 1950 WHEN MAYFAIR PARK WAS JUST A FIELD. SHE IS SURVIVED BY  
22 HER THREE DAUGHTERS, GERI, PEGGY AND JANET, FIVE GRANDCHILDREN  
23 AND A SISTER, EILEEN. AND THEN FINALLY, AND I BELIEVE  
24 SUPERVISOR BURKE WANTS TO JOIN IN THIS ADJOURNMENT IN MEMORY  
25 OF REVEREND THOMAS HIGGINS, A LONG TIME FACULTY MEMBER AND



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1 CHAPLAIN AT LOYOLA MARYMOUNT UNIVERSITY WHO DIED VERY SUDDENLY  
2 OF A BRAIN SEIZURE ON SATURDAY. HE WAS 75. HE ATTENDED LOYOLA  
3 HIGH SCHOOL IN LOS ANGELES THEN WENT TO SANTA CLARA  
4 UNIVERSITY. HE ALIVE AT L.M.U. IN 1968 AND SOON BECOME ONE OF  
5 THE MOST POPULAR TEACHERS WHERE HIS CLASSES WERE ALWAYS FULL.  
6 HE WAS ALSO A GOLF COACH AT L.M.U. FOR 31 YEARS. HE WAS A VERY  
7 GENEROUS PERSON AND ALWAYS WILLING TO LISTEN. HIS SYMPATHY WAS  
8 LEGENDARY. HIS IS SURVIVED BY HIS SISTER, SISANNE, BROTHER  
9 JAMES, AND MANY NIECES, NEPHEWS AND COUSINS. AND THOSE ARE MY  
10 ADJOURNMENTS.

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** UNANIMOUS VOTE.

13

14 **SUP. KNABE:** I HAVE NOT HELD ANYTHING, MR. CHAIR.

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** SUPERVISOR MOLINA?

17

18 **SUP. MOLINA:** I ASK THAT WE ADJOURN IN MEMORY OF ARMY STAFF  
19 SERGEANT GREG GREGARIAN OF LOS ANGELES WHO WAS KILLED WHILE  
20 SERVING OUR COUNTRY IN IRAQ. GREG WAS ASSIGNED TO THE 1ST  
21 BATTALION TO THE 37TH FIELD ARTILLERY REGIMEN, THIRD BRIGADE,  
22 SECOND INFANTRY DIVISION AT FORT LEWIS, WASHINGTON. I WANT TO  
23 EXTEND OUR DEEPEST CONDOLENCES TO HIS FAMILY AND FRIENDS AS  
24 WELL AS ALL OF HIS FELLOW SOLDIERS. WE ALSO ASK THAT WE  
25 ADJOURN IN THE MEMORY OF AN ARMY SPECIALIST ROMEL CATALAN OF



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1 LOS ANGELES, WHO WAS KILLED WHILE SERVING OUR COUNTRY IN IRAQ.  
2 ROMEL WAS ASSIGNED TO THE 1ST BATTALION, 23RD INFANTRY  
3 REGIMENT, THE THIRD BRIGADE, SECOND INFANTRY DIVISION OF FORT  
4 LEWIS WASHINGTON AS WELL. WE WANT TO EXTEND OUR HEARTFELT  
5 CONDOLENCES TO HIS FAMILY, FRIENDS AS WELL AS ALL OF HIS  
6 FELLOW SOLDIERS. AND FINALLY THAT WE ASK THAT WE ADJOURN IN  
7 THE MEMORY OF PRIVATE FIRST CLASS JUSTIN VERDEGA OF LA PUENTE  
8 WHO WAS KILLED WHILE SERVING OUR COUNTRY IN IRAQ. JUSTIN WAS  
9 ALSO ASSIGNED TO 2ND BATTALION, 12TH INFANTRY REGIMENT, 2ND  
10 BRIGADE, COMBAT TEAM, SECOND INFANTRY DIVISION OF FORT CARSON,  
11 COLORADO. WE WANT TO EXTEND THE DEEPEST CONDOLENCES TO HIS  
12 FAMILY AND FRIENDS AS WELL AS TO HIS FELLOW SOLDIERS.

13

14 **SUP. YAROSLAVSKY, CHAIRMAN:** UNANIMOUS VOTE.

15

16 **SUP. MOLINA:** AND I DID NOT HOLD ANY ITEMS, I DON'T THINK.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** WE HAVE A COUPLE OF ITEMS.

19

20 **CLERK SACHI HAMAI:** WE HAVE...

21

22 **SUP. YAROSLAVSKY, CHAIRMAN:** ACTUALLY, YEAH, THERE WAS AN ITEM  
23 I HELD THAT I DIDN'T CALL UP BUT...

24



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1 **CLERK SACHI HAMAI:** RIGHT, WE HAVE 84-D, WHICH IS THE REPORT  
2 FROM HEALTH SERVICES. WE HAVE C.S.-4, WHICH THERE ARE A COUPLE  
3 MEMBERS OF THE PUBLIC THAT WOULD LIKE TO SPEAK ON THE ITEM,  
4 AND THEN 84-E.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** C.S.-4.

7

8 **CLERK SACHI HAMAI:** C.S.-4.

9

10 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. LET'S TAKE 84-D. SUPERVISOR  
11 MOLINA? WE HAVE A BUNCH OF PEOPLE WHO WANT TO BE HEARD ON  
12 THIS. HAVE THE PUBLIC HEARING FIRST? OKAY. I'M GOING TO CALL  
13 FOUR PEOPLE AT A TIME. CHRIS EDWARDS, SYLVIA DREW IVIE, JOSHUA  
14 RUTKOFF AND LYNN KERSEY. OKAY. MR. EDWARDS? IS CHRIS EDWARDS  
15 HERE? YOU'RE CHRIS EDWARDS? MS. EDWARDS. I'M SORRY. HOWEVER  
16 YOU WANT TO HANDLE IT. OKAY. DO YOU WANT TO GO FIRST?

17

18 **JOSHUA RUTKOFF:** MY NAME IS JOSHUA RUTKOFF, DIRECTOR OF HEALTH  
19 SERVICES FOR S.E.I.U. LOCAL 721. ON BEHALF OF UNION MEMBERS  
20 WHO WORK AT M.L.K. HARBOR, WE SUPPORT THE CALL BY SUPERVISOR  
21 MOLINA TO SAFEGUARD THE HEALTH AND SAFETY OF THE HOSPITAL'S  
22 PATIENTS. THERE IS NO GREATER PRIORITY AT M.L.K.-HARBOR RIGHT  
23 NOW. WE ARE WORKING CLOSELY WITH HOSPITAL LEADERSHIP TO ENSURE  
24 QUALITY SERVICES ARE DELIVERED TO ALL PATIENTS. THE WORK OF  
25 THE UNION AND ITS MEMBERS IS TO MAKE SURE THAT WHAT HAPPENED



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1 IN RECENTLY REPORTED LAPSES IN CARE WILL NEVER HAPPEN AGAIN.  
2 THE HOSPITAL IS CRITICAL TO SOUTH LOS ANGELES, PARTICULARLY TO  
3 SERVE THE COMMUNITY SO DESPERATELY IN NEED OF ACCESS TO  
4 HEALTHCARE. EVERYONE IS CARED FOR AT KING. EVERY NATIONALITY,  
5 EVERY CULTURE, EVERY RELIGION, EVERY CREED AND EVERY  
6 ETHNICITY. AND, LAST YEAR, MORE THAN 47,000 PATIENTS WERE  
7 CARED FOR. THAT IS WHY KING OPENED IN 1972 AND WHY WE REMAIN  
8 OPEN. KING HARBOR IS TRULY A SAFETY NET HOSPITAL. WITH YOUR  
9 HELP, WE WILL CONTINUE TO MAKE SURE ALL HOSPITAL EMPLOYEES ARE  
10 PREPARED AND ENGAGED IN ONGOING LEARNING AND SKILLS BUILDING.  
11 THIS WILL HELP PREPARE FOR THE UPCOMING C.M.S. INSPECTION AS  
12 WELL AS RESTORE SERVICES TO MEET COMMUNITY NEED. WHAT HAS BEEN  
13 REPORTED OVER THE LAST FEW WEEKS IS TRAGIC AND UNACCEPTABLE.  
14 IT IS IMPERATIVE THAT WE WORK TOGETHER TO LEARN FROM THESE  
15 FAILURES AND TO BUILD ON OUR JOINT WORK TO GUARANTEE THAT  
16 EVERY SINGLE PATIENT IS CERTAIN HE OR SHE WILL RECEIVE THE  
17 HIGHEST QUALITY CARE AND SERVICES. WE'VE MADE PROGRESS IN  
18 RECONFIGURING SERVICES AT THE HOSPITAL WHILE CONTINUING TO  
19 SERVE PATIENTS IN NEED BUT THERE IS MORE TO DO. WE ARE  
20 ABSOLUTELY COMMITTED TO THE HARD WORK BEFORE US TO PROTECT THE  
21 HEALTH AND SAFETY OF THE PATIENTS OF M.L.K.-HARBOR AND WE ARE  
22 CONFIDENT THAT, BY WORKING TOGETHER, WE WILL ACCOMPLISH THIS.  
23 MOST IMMEDIATELY, WE NEED A THOUGHTFUL APPROACH TO THE  
24 CHALLENGES IN THE HOSPITAL'S EMERGENCY DEPARTMENT. THE  
25 SUPERVISOR'S MOTION INCLUDES A DIRECTIVE TO DIVERT PATIENTS



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1 FROM M.L.K.-HARBOR TO OTHER FACILITIES. PATIENTS ARE ALREADY  
2 BEING DIVERTED AND THE ENTIRE REGIONAL MEDICAL SERVICES ARE  
3 GRIDLOCKED. BETWEEN 1996 AND 2006, ALMOST 80 HOSPITALS CLOSED  
4 IN CALIFORNIA, INCLUDING 39 EMERGENCY DEPARTMENTS. ALMOST 70  
5 PERCENT OF THE CLOSURES WERE LOCATED IN SOUTHERN CALIFORNIA.  
6 IN SOUTHERN CALIFORNIA, 32 PERCENT OR 25 HOSPITALS, WERE  
7 CLOSED, INCLUDING HOSPITALS IN THE CITIES OF ARTESIA,  
8 BELLFLOWER, CULVER CITY, HARBOR BAY, HAWTHORN, LONG BEACH, 2,  
9 LOS ANGELES, 4, INGLEWOOD AND REDONDO BEACH. THIS DOESN'T EVEN  
10 INCLUDE HOSPITALS THAT REMAIN OPEN BUT HAVE CLOSED THEIR  
11 EMERGENCY SERVICES. THIS REDUCTION IN SERVICES, INCLUDING  
12 PRIMARY CARE, HAS SERVED TO EXACERBATE THE SYSTEM WIDE CRISIS  
13 OF EMERGENCY ROOM OVERCROWDING, INCLUDING AT M.L.K.-HARBOR. WE  
14 THEREFORE CALL FOR A SOLUTION AND PLAN THAT LOOKS AT THE  
15 ENTIRE SYSTEM AND ALL CONSTITUENTS IT SERVES IN ORDER TO SOLVE  
16 OUR EMERGENCY CARE CHALLENGES. SOLUTIONS COULD INCLUDE  
17 STRENGTHENING AND ENHANCING URGENT CARE SERVICES AT M.L.K.-  
18 HARBOR AND STRATEGIC ALLOCATION OF MEASURE B FUNDING TO ENSURE  
19 ACCESS TO EMERGENCY AND TRAUMA SERVICES AT M.L.K.-HARBOR,  
20 HARBOR U.C.L.A. AND THROUGHOUT SOUTH L.A. A CLINICAL DECISION  
21 UNIT OR 23 HOUR OBSERVATION UNIT CAN HELP E.D. STAFF DETERMINE  
22 WHETHER CERTAIN PATIENTS REQUIRE ADMISSION. 47,000 PATIENTS ON  
23 TOP OF THE THOUSANDS ALREADY TURNED AWAY FROM THE REGULAR  
24 HOSPITAL CANNOT BE IGNORED. WE ALSO CALL FOR AN OMBUDSMAN TEAM  
25 TO SERVE IN THE EMERGENCY DEPARTMENT 24 HOURS A DAY, 7 DAYS A





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1 WEEK, NOT ONLY TO MONITOR THE FLOW OF PATIENTS AND SEVERITY OF  
2 CASES BUT ALSO TO COMFORT PATIENTS AS NEEDED. THE OMBUDSMAN  
3 TEAM WOULD BE COMPRISED OF D.H.S. AND COUNTY E.M.S. STAFF. ALL  
4 SOLUTIONS SHOULD BUILD ON OUR WORK TO DATE TOWARD STABILIZING  
5 THE HOSPITAL. WE MUST LEARN FROM OUR FAILURES AND MISTAKES AND  
6 SEE OUR WORK THROUGH, NOT RETREAT TO CLOSURES AND REDUCTIONS  
7 IN SERVICES. SUPERVISORS, WE ARE PREPARED TO DO WHATEVER WORK  
8 IS REQUIRED TO SAFEGUARD THE HEALTH AND SAFETY OF THE PATIENTS  
9 AT M.L.K.-HARBOR. WE SHARE YOUR SENSE OF URGENCY. WE ARE YOUR  
10 PARTNERS IN TAKING ON THIS MOST VITAL OF CHALLENGES. THANK  
11 YOU.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. SYLVIA DREW IVIE.

14

15 **SYLVIA DREW IVIE:** GOOD MORNING, SUPERVISORS.

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** GOOD MORNING.

18

19 **SYLVIA DREW IVIE:** I'M HERE TO SIMPLY ASK, AS AN ADVOCATE FOR  
20 THE RESIDENTS OF SOUTH L.A., THAT THE BOARD MEND, NOT END,  
21 SERVICES AT KING. PLEASE DO NOT LOSE THE PUBLIC WILL TO SERVE  
22 SOUTH L.A. BECAUSE THE L.A. TIMES HAS DECIDED IT SHOULD CLOSE  
23 KING. WE ELECTED PUBLIC SERVANTS IN OUR BOARD OF SUPERVISORS.  
24 WE DID NOT ELECT THE L.A. TIMES. WE NEED AND PAY TAXES FOR  
25 PUBLIC HEALTH SERVICES IN THIS COMMUNITY. THERE IS NO PLACE TO



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1 DIVERT PATIENTS. WE NEED TO KEEP KING FOR THE BENEFIT OF SOUTH  
2 L.A. RESIDENTS AND FOR THE CONTINUED VIABILITY OF THE REST OF  
3 OUR HEALTH DELIVERY SYSTEM. IF YOU SCUTTLE THE FRONT OF THE  
4 BOAT OF COUNTY HEALTH DELIVERY SYSTEMS, SCUTTLING KING, YOU  
5 SCUTTLE THE BACK AS WELL. WE ARE ALL CONNECTED. THANK YOU.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. LYNN KERSEY.

8

9 **LYNN KERSEY:** GOOD MORNING. LYNN KERSEY, MATERNAL AND CHILD  
10 HEALTH ACCESS. I'M THE EXECUTIVE DIRECTOR AND I'M HERE TO  
11 SUPPORT SUPERVISOR MOLINA'S MOTION IN CONCEPT-- WITH THE  
12 CONCEPT OF OPENNESS AND REPORTING AND DISCLOSURE AND ANALYSIS  
13 OF THE PROBLEM AND THE PLANS THAT ENSURE THE COUNTY'S  
14 CONTINUED PROVISION OF QUALITY HEALTHCARE SERVICES. I SUPPORT  
15 SYLVIA DREW IVIE'S AND THE REPRESENTATIVE FROM S.E.I.U.,  
16 JOSHUA'S MOTIONS OR COMMENTS THAT WE CAN DO THINGS LIKE  
17 OMBUDS. WE CAN DO THINGS LIKE GREATER FOCUS ON THE EMERGENCY  
18 ROOM. WE CAN LOOK AT AND EXPLORE WHAT THE URGENT CARE  
19 SITUATION IS AT L.A.C., U.S.C. AND HOW WELL THAT IS WORKING. I  
20 DO HAVE SOME CONCERNS, AS WELL, FOR DIVERTING PATIENTS. I KNOW  
21 THERE IS NOT THE CAPACITY. THAT WAS THE PLAN THAT WAS SET UP  
22 THERE NOW. AND I AGREE THAT THE TIMELINE THAT WAS REPORTED IN  
23 THE PAPER THIS MORNING BY THE L.A. TIMES COULD HAVE REVIEWED  
24 THE HISTORY OF THE EMERGENCY ROOM AND TRAUMA CARE AT KING AND  
25 ITS WORLD CLASS STATUS AND DECOMPRESSION FROM A WORLD CLASS



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1 TRAUMA UNIT. AND THE OTHER KINDS OF PROGRAMS THAT HAVE  
2 DEVELOPED AND BEEN SPAWNED AT KING, LIKE SHIELDS FOR FAMILY,  
3 LIKE THE ELDER CARE THAT YOU'LL BE FUNDING TODAY AT KING, THE  
4 FACT THAT IT'S THE BIGGEST TRAINING FACILITY WEST OF THE  
5 MISSISSIPPI AND LOOKED AT THAT TIMELINE AND ANALYSIS. AND I  
6 WOULD JOIN MR. IVIE IN SIMPLY ASKING YOU THAT YOU NOT LET THE  
7 L.A. TIMES MAKE YOUR DECISIONS FOR YOU. THE SOUTH L.A. AND THE  
8 SOUTH CENTRAL AND ALL OF L.A. COUNTY NEEDS A HOSPITAL IN THAT  
9 VICINITY. THANK YOU.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. CHRIS EDWARDS, YOU'LL  
12 BE NEXT. LET ME CALL NANCY WATSON AND DR. CLAVREUL. MS.  
13 EDWARDS?

14

15 **CHRIS EDWARDS:** YES. FIRST, I WOULD HAVE REALLY APPRECIATED  
16 HAVING HEARD THE REPORT FIRST BECAUSE THAT WOULD HAVE BEEN  
17 SOME INFORMATION THAT WE AND YOU DON'T HAVE YET AND IT WOULD  
18 HAVE BEEN HELPFUL, AS THE PUBLIC, TO HAVE HEARD WHAT WONDERFUL  
19 DR. CHERNOF HAD TO SAY BEFORE WE WERE ASKED TO SPEAK TO IT.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** THAT'S A GOOD POINT. WE'LL DO THAT  
22 NEXT TIME. I APOLOGIZE.

23

24 **CHRIS EDWARDS:** I THINK THAT WOULD BE SOMETHING TO CONSIDER  
25 BECAUSE, SINCE THEY CHOSE NOT TO RELEASE THAT REPORT UNTIL



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1    THEY PROVIDE IT. OKAY. I'VE SEEN THAT DR. CHERNOF IS  
2    CONTINUING THE TIME HONORED PROFESSION OF LYING, MISLEADING  
3    AND BASICALLY CHUCK AND JIVING TO THE BOARD THAT DR.  
4    GARTHWAITE STARTED. IN ORDER TO SAVE THE HOSPITAL, YOU NEED TO  
5    KNOW THE TRUTH ABOUT THE HOSPITAL. DR. GARTHWAITE STARTED WITH  
6    THE LIES ABOUT, "OH, WE HAVE FIXED OUR NURSING PROBLEMS." YOU  
7    MAY REMEMBER THAT MEMO. WE HAVE, A MONTH LATER, C.M.S. TO  
8    BASICALLY SAY, "NO, YOU HAVEN'T", OKAY? IT APPEARS THAT DR.  
9    CHERNOF HAS DONE THE SAME THING AGAIN. ALL THE TIME AND ENERGY  
10   WE SPEND TO FIX AND SAVE KING HARBOR WON'T AMOUNT TO A HILL OF  
11   BEANS IF DR. CHERNOF, MS. EPPS AND YOUR OTHER KEY PEOPLE THERE  
12   CONTINUE TO SEE LIFE THROUGH THE ROSY GLASSES AND CONTINUE  
13   THAT LIE TO YOU. BUT WHY NOT? BECAUSE YOU HONOR THEM. DR.  
14   GARTHWAITE GOT A RISE. DR. CHERNOF GOT A POSITION THAT  
15   PROBABLY HE RIGHT NOW MIGHT BE REGRETTING. AND MS. EPPS IS  
16   GETTING PAID TO RUN A HOSPITAL AT A SALARY THAT IS NOT  
17   COMPENSATED FOR FOR 42 BEDS. AND, SINCE SHE MADE A BIG DEAL  
18   ABOUT SAYING THERE WAS A PATIENT ADVOCATE HIRED AT THE  
19   HOSPITAL, WHERE IS THAT PERSON? THAT PERSON IS IN PLACE,  
20   SUPPOSEDLY, ACCORDING TO A MEMO SHE SENT TO YOU. WHEN YOU HAVE  
21   DR. CHERNOF SAYING THAT THE INDIVIDUAL WHO HAD TO HAVE  
22   EMERGENCY BRAIN SURGERY RECEIVED THE APPROPRIATE CARE YET HE  
23   SPENT FOUR DAYS TRYING-- THERE'S SOMETHING WRONG WITH THAT  
24   PICTURE. THE PEOPLE OF SOUTH CENTRAL LOS ANGELES DESERVE  
25   BETTER. AND YOU NEED TO FIX SOMETHING. SOMETHING HAS TO HAPPEN



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1 AND IT'S NOT GOING TO HAPPEN UNTIL PEOPLE LIKE DR. CHERNOF AND  
2 MS. EPPS SUFFER FOR THE LIES THEY PERPETRATE BECAUSE THAT'S  
3 WHAT IT IS, LIES. ANY REMAINDER OF MY TIME I'D LIKE TO GIVE TO  
4 GENEVIEVE.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, WE DON'T DO IT THAT WAY BUT  
7 NEXT IS NANCY WATSON.

8

9 **NANCY WATSON:** GOOD MORNING. I'M NANCY WATSON WITH COMMUNITY  
10 HEALTH COUNCILS. WE ARE A COMMUNITY-BASED HEALTH ORGANIZATION  
11 ADVOCATING FOR QUALITY CARE. THUS OUR FRUSTRATION AND  
12 DISAPPOINTMENT IN THE RECENT INCIDENTS AND THE FINDINGS LAST  
13 WEEK BY C.M.S. THAT HAVE FURTHER UNDERMINED OUR CONFIDENCE IN  
14 THE COUNTY'S CAPACITY TO REMEDY THE CONDITIONS THERE AND THE  
15 CONTINUED BARRIERS THAT RESULT IN LAPSE IN PATIENT CARE. YET  
16 GOVERNMENT IS THE RESPONSIBLE ENTITY FOR PROVIDING QUALITY  
17 CARE THAT MEETS THE NEEDS OF SOUTH LOS ANGELES RESIDENTS WHO  
18 ARE UNINSURED. CLOSURE IS NOT AN OPTION FOR THIS HOSPITAL,  
19 GIVEN ALL THE REASONS THAT JOSH I THINK OUTLINED VERY WELL  
20 PREVIOUSLY IN TERMS OF OUR SORT OF JUST HANGING BY A THREAD  
21 HEALTHCARE SYSTEM. WE HAVE NO REASON. WE HAVEN'T SEEN REALLY A  
22 VIABLE CONTINGENCY PLAN SHOULD THE WORST COME TO HAPPEN IN  
23 TERMS OF THE HOSPITAL'S QUALITY CARE. AND, YET, CLOSURE WOULD  
24 POSE IMMEDIATE THREAT TO THE COMMUNITY. SO WE WOULD LIKE TO  
25 SEE CONTINGENCY PLANS THAT REALLY LOOK AT ALL POSSIBILITIES



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1 THAT CAN KEEP THE HOSPITAL OPEN. ULTIMATELY, THE COUNTY  
2 REMAINS RESPONSIBLE FOR SERVING ITS POPULATION BUT WE MAY NEED  
3 AN EMERGENCY SOLUTION THAT INVOLVES OUR STATE OR FEDERAL  
4 GOVERNMENT TO INTERCEDE IN TERMS OF OVERSIGHT AND TO PUT A NEW  
5 MANAGEMENT STRUCTURE IN PLACE. WE ASK THAT THERE BE  
6 TRANSPARENCY AS YOU MAKE DECISIONS MOVING FORWARD ABOUT THIS  
7 HOSPITAL AND KEEP US IN THE LOOP AS COMMUNITY STAKEHOLDERS.  
8 AGAIN, YOU KNOW, THE COMMUNITY DESERVES A HOSPITAL THAT  
9 PROVIDES QUALITY CARE AND WE NEED LEADERSHIP TO AVERT CLOSURE,  
10 WHICH WOULD HAVE A REAL POTENTIAL MELTDOWN FOR THE SOUTH LOS  
11 ANGELES SYSTEM AND PLACE THE LIVES OF SOUTH LOS ANGELES IN  
12 JEOPARDY. IN TERMS OF THE DIVERSION PROPOSAL, JUST SOMETHING  
13 TO CONSIDER THAT, YOU KNOW, MOST PATIENTS DO WALK INTO THE  
14 HOSPITAL, THE VAST MAJORITY, AND IT LOOKS TO US THAT PROBABLY  
15 THE PATIENTS, AS LYNN POINTED OUT, WOULD NEED TO BE STABILIZED  
16 FIRST. SO, IF YOU DIVERT THEM, WOULD THAT PUT THEM AT RISK,  
17 ESPECIALLY IF OTHER HOSPITALS ARE QUITE BUSY? SO THAT'S  
18 SOMETHING TO CONSIDER IN TERMS OF THE MOTION THAT'S BEFORE  
19 YOU. BUT DEFINITELY WE SUPPORT, YOU KNOW, DISCUSSION AND  
20 DIALOGUE REGARDING THE CONTINGENCY PLANS AND LOOK FORWARD TO  
21 WORKING WITH YOU ON THAT. THANK YOU.

22  
23 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. DR. CLAVREUL, ALSO MICHAEL  
24 BAUER COME DOWN. DR. CLAVREUL?



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1 **DR. GENEVIEVE CLAVREUL:** GOOD MORNING. I WILL APPRECIATE TO BE  
2 ABLE TO SPEAK AFTER THE REPORT IS PRESENTED. WE HAVE A RIGHT,  
3 AS THE PUBLIC, TO SEE THE REPORT. SINCE YOU CHOOSE NEVER TO  
4 GIVE US THE REPORTS BEFORE THEY ARE PRESENTED HERE, I WANT TO  
5 LISTEN TO THE REPORT FIRST.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, I'M NOT GOING TO BE ABLE TO  
8 DO THAT TODAY BECAUSE WE'VE ALREADY GONE THROUGH THE PUBLIC  
9 HEARING.

10

11 **DR. GENEVIEVE CLAVREUL:** YOU KNOW, IT IS APPALLING. YOU KNOW,  
12 YOU HAVE A TOTAL DISRESPECT OF THE PUBLIC.

13

14 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, DR. CLAVREUL.

15

16 **DR. GENEVIEVE CLAVREUL:** I HAVE MY 2-1/2 MINUTES, I'M GOING TO  
17 SPEAK TO THEM NOW.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** NO.

20

21 **DR. GENEVIEVE CLAVREUL:** YES, I AM.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, THEN YOU'RE NOT GOING TO  
24 ENGAGE IN A PERSONAL ATTACK ON THE MEMBERS OF THE BOARD, ON ME  
25 OR ANY OTHER MEMBER OF THE BOARD.





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1

2 **DR. GENEVIEVE CLAVREUL:** IT IS NOT A PERSONAL ATTACK. WHAT YOU  
3 ARE DOING IS ILLEGAL. IT'S LACK OF ETHICS.

4

5 **SUP. YAROSLAVSKY, CHAIRMAN:** DR. CLAVREUL, I'M GOING TO WARN  
6 YOU ONE LAST TIME. YOU ARE NOT GOING TO ENGAGE IN A PERSONAL  
7 VINDICTIVE AGAINST ANY MEMBER OF THIS BOARD. YOU CAN BE HEARD  
8 BUT YOU CANNOT PERSONALLY ATTACK MEMBERS OF THIS BOARD.

9

10 **DR. GENEVIEVE CLAVREUL:** ALL I'M SAYING IS THAT I HAVE THE  
11 RIGHT TO LOOK AT THE REPORT. THAT'S NOT ATTACKING...

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** THAT'S FINE.

14

15 **DR. GENEVIEVE CLAVREUL:** ...ANYBODY FROM THE BOARD.

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** THAT'S FINE.

18

19 **SUP. MOLINA:** WE DON'T HAVE A REPORT, EITHER.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** WE DON'T HAVE THE REPORT. IT'S NOT  
22 IN WRITING. IT'S GOING TO BE A VERBAL REPORT.

23

24 **DR. GENEVIEVE CLAVREUL:** WELL, THE POINT THE WAY YOU ARE  
25 HANDLING THINGS IS, ANYWAY, I WILL SPEAK TO THE ISSUE.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** PLEASE.

3

4 **DR. GENEVIEVE CLAVREUL:** THERE IS LOUSY CARE AT KING DREW AND  
5 IT IS NOT CHANGING. IT IS NOT CHANGING BECAUSE NOBODY IS  
6 ACCOUNTABLE, INCLUDING YOURSELF. I WANT TO THANK SUPERVISOR  
7 MOLINA FOR THAT VERY PRECISE MOTION. AND THAT WHAT'S GOING ON  
8 IS APPALLING. YOU HAVE A TOTAL GROUP AT THE HOSPITAL WHICH IS  
9 TOTALLY DE-MOTIVATED AND I THINK THE WAY YOU ARE TREATING THE  
10 PUBLIC SHOWS HOW MUCH YOU CARE ABOUT EVERYTHING. AND THAT  
11 SPEAKS FOR ITSELF. ANYWAY, FOR YOUR INFORMATION, I HAVE COPY  
12 OF THE MOTIVATION IN THE NURSING PROFESSION. YOU MAY LEARN  
13 FROM IT. I THINK WHAT'S GOING ON AND THE LACK OF INFORMATION  
14 YOU ARE GIVEN OF WHAT'S GOING ON AT THE HOSPITAL IS APPALLING.  
15 THAT MS. EPPS IS PAID A HUGE SALARY TO RUN A 42-BED HOSPITAL  
16 IS A JOKE AND SHE CANNOT EVEN DO THAT BECAUSE IT'S OBVIOUS.  
17 SHE DOESN'T EVEN HAVE THE KNOWLEDGE TO DO THAT. A 42-BED  
18 HOSPITAL IS A VERY SMALL, VERY UN-CUMBERSOME HOSPITAL TO RUN,  
19 ESPECIALLY SOMEBODY WHO HAD HIRED TO RUN OVER A 200-BED  
20 HOSPITAL. SO I THINK YOU HAVE A LOT OF WORK TO DO AND ANOTHER  
21 BEGINNING WILL BE TO TREAT THE PUBLIC WITH RESPECT. THANK YOU.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** GOOD, THANK YOU. MICHAEL BAUER.

24



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1   **MICHAEL BAUER:** GOOD AFTERNOON, MORNING, MEMBERS OF THE BOARD.  
2   I'VE BEEN READING ARTICLES IN THE L.A. TIMES, ORANGE COUNTY  
3   REGISTER AND EVEN ON THE WEB. THE WAY THIS HOSPITAL HAS HAD SO  
4   MANY CHANCES TO CHANGE THEIR ACTIONS SHOULD GUARANTEE, FOR A  
5   FACT, THAT THIS FUNDING SHOULD BE TAKEN. THIS FUNDING IS  
6   SUPPOSED TO BE USED FOR THE WELFARE AND THE PROTECTION OF OUR  
7   CITIZENS AND IT'S BEING WASTED FOR NO REASON. I SAW A ARTICLE  
8   IN THE ORANGE COUNTY REGISTER THAT A PERSON JUST DIED ALMOST A  
9   MONTH AGO OUT OF THAT HOSPITAL. THEN WHY DO YOU GUYS KEEP ON  
10   FUNDING IT? I THINK THIS MONEY IS JUST BEING WASTED. NOW, IF I  
11   HAVE TO, AND MOST OF YOU GUYS DO KNOW I'M TRYING TO STUDY LAW,  
12   CONTACT THE STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND  
13   LET THEM KNOW THAT YOU GUYS AREN'T DOING NOTHING ABOUT THIS,  
14   MOST OF YOU GUYS WOULD GET SANCTIONS FROM THE GOVERNMENT, FROM  
15   THE STATE GOVERNMENT. THIS MONEY IS COMING FROM FEDERAL  
16   GOVERNMENT, WHICH MEANS IT IS PROTECTED BY FEDERAL LAW. IF IT  
17   IS BEING WASTED, YOU GUYS ARE HELD ACCOUNTABLE FOR IT. WHICH  
18   MEANS, IF YOU KNOW THE MONEY IS BEING WASTED AND NOTHING  
19   POSITIVE IS COMING OUT OF THIS MONEY AND YOU CONTINUE TO  
20   ACTUALLY FUND THIS HOSPITAL, THEN YOU GUYS ARE RESPONSIBLE FOR  
21   EVERY BIT OF THAT MONEY SINCE YOU KNOW THERE'S NEVER BEEN A  
22   REPORT MADE TO THIS BOARD BY WRITTEN DOCUMENT. VERBAL REPORTS  
23   CANNOT STAND IN THE COURT OF LAW, THAT'S CONSIDERED HEARSAY.  
24   SINCE YOU GUYS KNOW THERE IS ACTUALLY NO WRITTEN REPORT THAT  
25   THE STATE OF HEALTH AND HUMAN SERVICES COULD EVEN READ, THEN



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1 YOU'RE JUST WASTING THE GOVERNMENT'S MONEY. NOW, I EXPECT THIS  
2 FUNDING NOT TO BE FURTHER GIVEN TO THIS HOSPITAL BECAUSE THEY  
3 HAD SEVERAL CHANCES TO CHANGE THEIR ACTIONS. I'VE BEEN  
4 WATCHING YOU GUYS FOR OVER A YEAR. THIS THING HAS NOT BEEN  
5 GOING ON OVER A YEAR, IT'S BEEN GOING ON LONGER. AND YOU GUYS  
6 AREN'T DOING NOTHING ABOUT IT. YOU SHOULD HAVE CLOSED THIS  
7 HOSPITAL A LONG TIME AGO. A LONG TIME AGO. SO I'M REQUESTING A  
8 FULL INVESTIGATION BY THE END OF THIS MONTH ON THAT HOSPITAL  
9 BY THE BOARD MEMBERS AND BY YOUR HEALTH DEPARTMENT OR ELSE  
10 I'LL BE BACK IN TWO MONTHS AND I'LL BE KEEPING A EYE ON THE  
11 ARTICLES IN THE NEWSPAPER. AND IF I DON'T SEE NO ACTION FOR  
12 YOUR RESPONSIBILITY OF PROTECTING THIS HOSPITAL AND PROTECTING  
13 THE WELFARE AND HEALTH OF YOUR CITIZENS OF L.A. COUNTY, I  
14 MIGHT HAVE TO LET THE STATE HEALTH AND HUMAN SERVICES KNOW.  
15 AND IF YOU DO ACTUALLY DO GET IN TROUBLE FOR THIS, IT COULD BE  
16 RESULTING IN CRIMINAL ACTION.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. PUBLIC HEARING IS  
19 CLOSED. MS. MOLINA?

20

21 **SUP. MOLINA:** I'D LIKE DR. CHERNOF?

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** DR. CHERNOF? THANK YOU. THAT'S  
24 APPROPRIATE. DR. CHERNOF?

25



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1   **DR. BRUCE CHERNOF:** CHAIR, SUPERVISORS, IF YOU WILL INDULGE ME  
2   FOR A MOMENT, I'D LIKE TO MAKE SOME INTRODUCTORY COMMENTS.  
3   I'VE ASKED OUR C.E.O., ANTOINETTE SMITH-EPPS, TO JOIN ME AND  
4   WE WILL BE GLAD TO TAKE ANY QUESTIONS YOU HAVE AT THAT TIME.  
5   I'LL ALSO BE SUBMITTING TO YOU MY VERBAL COMMENTS TODAY AS A  
6   WRITTEN REPORT TO YOUR BOARD. I COME BEFORE YOU TODAY AT THE  
7   CRITICAL JUNCTURE IN THE FUTURE OF HEALTHCARE DELIVERY IN  
8   SOUTH LOS ANGELES. OUR MARTIN LUTHER KING HARBOR HOSPITAL HAS  
9   RECEIVED TWO HARSH JUDGMENTS REGARDING INCIDENTS INVOLVING THE  
10   CARE OF TWO PATIENTS AND ISSUES RELATED TO CARE OF PATIENTS IN  
11   GENERAL IN THE HOSPITAL, SPECIFICALLY IN THE EMERGENCY ROOM.  
12   QUESTIONS HAVE BEEN RAISED ABOUT THE PROGRESS THAT THE  
13   HOSPITAL HAS MADE IN ITS RADICAL REFORM FROM THE DIFFICULT  
14   PAST AS A TERTIARY TEACHING HOSPITAL THAT REPEATEDLY FAILED TO  
15   SERVE PATIENTS SAFELY OR TO MEET NATIONAL STANDARDS TO A  
16   HOSPITAL THAT IS FOCUSED ON SERVING THE IMMEDIATE BASIC  
17   HEALTHCARE NEEDS OF THIS LARGE COMMUNITY THAT LACKS OTHER  
18   HEALTHCARE OPTIONS. THE DEPARTMENT'S WORK AT M.L.K.-HARBOR IS  
19   AN UNPRECEDENTED EFFORT FOR WHICH THERE IS NO ROAD MAP OR  
20   TEMPLATE. IN SPITE OF WHAT YOU HAVE HEARD AND WHAT HAS BEEN  
21   SAID, THERE HAVE BEEN GAINS IN THE QUALITY OF CARE. WE  
22   CONTINUE TO MAKE CHANGES IN RESPONSE TO OUR OWN ASSESSMENTS,  
23   THE FEEDBACK FROM THE CENTERS FOR MEDICARE AND MEDICAID  
24   SERVICES IN THE STATE DEPARTMENT OF HEALTH SERVICES. AND,  
25   TODAY, I WILL DESCRIBE IMPORTANT CHANGES WE HAVE MADE AS A



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1 DIRECT RESULT OF THE C.M.S. SURVEY. AND, FINALLY, I WILL TELL  
2 YOU WHY I AM MORE CONFIDENT TODAY THAN I WAS SIX MONTHS AGO  
3 ABOUT THE CARE AT M.L.K. HARBOR AND ITS POTENTIAL TO PASS THE  
4 C.M.S. SURVEY IN JULY. SINCE THE 22ND OF SEPTEMBER LAST YEAR  
5 WHEN WE LEARNED THAT C.M.S. HAD EVALUATED THE HOSPITAL AND  
6 FOUND THAT IT FAILED TO MEET MANY OF ITS STANDARDS FOR PATIENT  
7 CARE AND SAFETY, THE HOSPITAL, THE ENTIRE DEPARTMENT OF HEALTH  
8 SERVICES, THE COUNTY LEADERSHIP, YOUR BOARD AND THE STATE AND  
9 FEDERAL LEGISLATORS HAVE EMBARKED ON ONE OF THE MOST DIFFICULT  
10 AND DRAMATIC EFFORTS TO REINVENT A FAILING HOSPITAL, AN EFFORT  
11 THAT IS UNMATCHED IN THE UNITED STATES. AND, AS I HAVE TOLD  
12 YOU AND THE PUBLIC MANY TIMES, THERE IS NO ROAD MAP FOR THIS  
13 DIFFICULT WORK AND THERE IS NO TEMPLATE THAT GUARANTEES THAT  
14 OUR EFFORTS WILL BE SUCCESSFUL. OUR DEPARTMENT OPERATES FIVE  
15 VERY LARGE AND COMPLEX MEDICAL CENTERS. FOUR OF THEM MEET OR  
16 EXCEED NATIONAL STANDARDS, ARE FULLY ACCREDITED AND HAVE NOT  
17 HAD THE DIFFICULTY MAINTAINING THE SAFE AND COMPASSIONATE  
18 PATIENT CARE THAT WE EXPECT. M.L.K.-HARBOR, ON THE OTHER HAND,  
19 HAS A HISTORY GOING BACK MORE THAN A DECADE OF NOT BEING  
20 CONSISTENTLY ABLE TO PROVIDE THAT KIND OF CARE. OUR MANAGEMENT  
21 AND LEADERSHIP AT THE DEPARTMENT, AIDED BY THE BEST AND  
22 BRIGHTEST MANAGEMENT AND MEDICAL LEADERSHIP OF OUR ENTIRE  
23 HOSPITAL SYSTEM MADE AN INFORMED JUDGMENT THAT PRESERVING  
24 VITAL SERVICES IN THE SOUTH CENTRAL COMMUNITY WAS SO CRITICAL  
25 TO MEETING THE URGENT NEEDS THAT KEEPING M.L.K.-HARBOR OPEN



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1 AND OPERATING WAS WORTH THE CONSIDERABLE CHALLENGES AND  
2 POTENTIAL RISK COMPARED TO CLOSING AND ATTEMPTING TO REBUILD  
3 THIS FROM THE GROUND UP. STARTING IN SEPTEMBER, THE M.L.K.  
4 HARBOR STAFF BEGAN A VERY LONG AND DIFFICULT JOURNEY TOWARDS  
5 RECREATING A HOSPITAL THAT RAN WELL, HAD COMPETENT AND CARING  
6 STAFF, HAD PHYSICIANS WHO WOULD PROVIDE APPROPRIATE AND TIMELY  
7 CARE TO PATIENTS. THE RESOURCES OF HARBOR, U.C.L.A., RANCHO  
8 LOS AMIGOS, L.A.C./U.S.C., THE E.M.S. AGENCY AND A NUMBER OF  
9 EXCELLENT PRIVATE HOSPITALS AND THEIR DEDICATED PHYSICIANS  
10 WERE ADDED TO THE M.L.K.-HARBOR OPERATION, WHICH HAS MANY  
11 FEWER INPATIENT BEDS SO THAT THERE WAS NO REDUCTION IN TOTAL  
12 SERVICE AVAILABLE WITH RESPECT TO INPATIENT BEDS IN THE  
13 GENERAL COMMUNITY. WHEN IT BECAME CLEAR TO US THAT THE CARE OF  
14 THE HOSPITAL NEEDED TO BE SIMPLIFIED SO THAT SOME OF THE STAFF  
15 DOCTORS, STAFF AND DOCTORS HAD THE ABILITY TO SERVE PATIENTS  
16 WHO ARRIVE AT M.L.K.-HARBOR, WE REPLACED THE EMERGENCY ROOM  
17 AND INPATIENT PHYSICIAN STAFF WITH PRIVATE CONTRACTORS WITH A  
18 STRONG TRACK RECORD OF PROVIDING GOOD CARE IN SIMILAR SETTINGS  
19 TO M.L.K.-HARBOR. OUR ASSESSMENT OF THE HOSPITAL'S ABILITIES  
20 LED TO THE DIFFICULT AND UNPOPULAR DECISION TO MOVE THE CARE  
21 OF CRITICALLY ILL CHILDREN AND HIGH RISK MOTHERS TO HARBOR  
22 U.C.L.A. AT NO TIME WAS THERE A ROSY ASSESSMENT OR AN ATTEMPT  
23 TO DOWNPLAY HOW IMPORTANT IT IS TO HAVE CARE DELIVERED AT THE  
24 RIGHT HOSPITAL, BY THE RIGHT STAFF DESPITE THE COSTS, NEGATIVE  
25 FEEDBACK, OR EXTERNAL CRITICISM. IT IS MY OPINION THAT CARE





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1 HAS IMPROVED AS A RESULT. THE NEXT STEP IN OUR REFORMATION  
2 EFFORTS WAS TO EVALUATE STAFF AND DETERMINE WHO COULD STAY AT  
3 THE NEW M.L.K.-HARBOR AND WHO WOULD NOT BE ABLE TO MEET THE  
4 REQUIREMENTS NEEDED TO OPERATE A SAFE AND EFFECTIVE COMMUNITY  
5 HOSPITAL. THIS IS, AT BEST, AN IMPERFECT EXERCISE. BUT EVERY  
6 MEMBER OF THE THEN M.L.K. CLINICAL STAFF WAS INTERVIEWED AND  
7 THEIR PERFORMANCE HISTORIES REVIEWED BY TEAMS OF CLINICAL  
8 COUNTERPARTS FROM HARBOR AND OUR OTHER HOSPITALS. BASED ON  
9 THAT PROCESS, STAFF WERE SELECTED WHO THE INTERVIEWERS  
10 BELIEVED HAD THE RIGHT COMBINATION OF ENTHUSIASM FOR WORKING  
11 IN THE NEW ENVIRONMENT AND THE BEST CHANCE TO BE SUCCESSFUL.  
12 THIS RESULTED IN THE REASSIGNMENT OF MORE THAN 391 PERSONS, A  
13 MAGNITUDE OF CHANGE UNPRECEDENTED IN THE DEPARTMENT'S HISTORY.  
14 FOR EACH NURSE WHO WAS SELECTED TO REMAIN AT M.L.K.-HARBOR  
15 HOSPITAL, THE NURSING LEADERSHIP FROM HARBOR-U.C.L.A. AND  
16 NURSING EDUCATORS FROM ACROSS OUR DEPARTMENT, WITH OUTSIDE  
17 EXPERTS, CONDUCTED A DETAILED CLINICAL ASSESSMENT OF 125  
18 CLINICAL NURSING ASSISTANTS AND FOR 285 LICENSED NURSING  
19 STAFF, INCLUDING COUNTY AND ALL OF OUR CONTRACTS NURSING  
20 STAFF. THIS INVOLVED USING A STANDARDIZED CURRICULUM AND A  
21 HANDS-ON DEMONSTRATION OF SKILLS FOR EACH INDIVIDUAL. THE  
22 C.N.A.S PASSED THIS TEST WITH A 56 PERCENT PASS RATE INITIALLY  
23 OF ALL STATIONS ON THE FIRST TRY. THE ONES WHO DIDN'T PASS ON  
24 THE FIRST TRY WERE PROVIDED TRAINING, EXTENSIVE TRAINING,  
25 RETESTING AND I'M PLEASED TO SHARE WITH YOU THAT VIRTUALLY ALL



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1 OF THEM PASSED WITH ADDITIONAL TRAINING. THE STORY WAS  
2 SOMEWHAT DIFFERENT FOR THE LICENSED NURSING STAFF. A TWO-STEP  
3 TESTING PROGRAM WAS DEVELOPED. THAT TESTING FOR GENERIC, THEY  
4 TESTED FOR GENERIC NURSING SKILLS THAT ALL LICENSED STAFF  
5 SHOULD BE ABLE TO DEMONSTRATE. OF THE LICENSED STAFF, 53  
6 PERCENT PASSED ON THE FIRST ATTEMPT. EACH NURSE WHO DID NOT  
7 PASS WAS FORMALLY RETRAINED AND RETESTED. MANY OF THAT  
8 TRAINING OCCURRED ON THE SAME DAY. UNTIL THEY PASSED THEIR  
9 SPECIFIC CRITICAL CLINICAL SKILLS, THEY WERE NOT PERMITTED TO  
10 PERFORM THOSE TASKS WITH PATIENTS. AFTER SEVERAL ATTEMPTS,  
11 ALMOST ALL OF OUR LICENSED NURSING STAFF HAVE PASSED AND THOSE  
12 WHO DID NOT WERE REMOVED FROM PATIENT CARE FOR EXTENDED  
13 TRAINING. WE ARE CURRENTLY ASSESSING THE SPECIALIZED SKILLS OF  
14 EVERY NURSE WHO WORKS IN THE EMERGENCY DEPARTMENT, STEP-DOWN,  
15 I.C.U., OPERATING ROOMS, THE RECOVERY ROOM AND THE LABOR AND  
16 DELIVERY AREAS. WE ARE USING THE SAME HANDS-ON SKILLS TESTING  
17 AND TRAINING FOR THOSE WHO CANNOT DEMONSTRATE THE SKILLS  
18 NECESSARY. IF THEY FAIL TO DEMONSTRATE A REQUIRED SKILL, THEY  
19 ARE NOT PERMITTED TO PERFORM THAT TASK WITH PATIENTS UNTIL  
20 SUCH TIME AS THEY CAN DEMONSTRATE IT. AND FOR THOSE WHO CANNOT  
21 PASS, THEY ARE REMOVED FROM THEIR PATIENT CARE ASSIGNMENTS  
22 UNTIL THEY CAN BE APPROPRIATELY RETRAINED AND DEMONSTRATE  
23 THOSE SKILLS. THIS TESTING IS ONGOING AND IS SCHEDULED TO BE  
24 COMPLETED LATER ON THIS MONTH AT THE SPECIALTY LEVEL. LET ME  
25 BE CLEAR THAT NO STAFF AREA OF THE HOSPITAL HAS BEEN IGNORED.



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1 FOR EXAMPLE, ENVIRONMENTAL SERVICES, COMMONLY KNOWN AS  
2 HOUSEKEEPING, HAS BEEN A MAJOR ISSUE FOR M.L.K.-HARBOR IN THE  
3 PAST, WHICH LED TO VIOLATIONS OF C.M.S. REGULATIONS IN  
4 SEPTEMBER, 2006. M.L.K. AND HARBOR U.C.L.A. CONDUCTED A  
5 DETAILED ASSESSMENT WITH OUTSIDE EXPERTS AND, AS A RESULT,  
6 EFFECTIVE JUNE 9TH, WE HAVE REPLACED THE MANAGEMENT AND  
7 SUPERVISION OF THIS AREA OF THE HOSPITAL WITH EXPERIENCED  
8 HOSPITAL CONTRACTOR STAFF THAT CURRENTLY MEET C.M.S.  
9 STANDARDS, BOTH AT HARBOR AND OLIVE VIEW. THE METRO CARE PLAN  
10 WE'VE BEEN OPERATING UNDER SET OUT TO OFFER THE MOST VITAL  
11 SERVICES TO THE M.L.K. HARBOR COMMUNITY WHILE REPLACING STAFF,  
12 RETAINING STAFF AND BRINGING IN NEW PROCEDURES THAT WILL MEET  
13 THE DEPARTMENT'S EXPECTATIONS AND C.M.S.'S REQUIREMENTS.  
14 OPERATING A FULL EMERGENCY ROOM WITH MORE THAN 3,000 PATIENT  
15 VISIT PER MONTH AND WITH 48 ON-SITE BEDS TO CREATE THE  
16 NECESSARY DELIVERY SYSTEM REQUIRES A SOPHISTICATED AND  
17 RELIABLE PATIENT TRANSFER SYSTEM. ON AVERAGE, WE TRANSFER  
18 BETWEEN 10 AND 20 PATIENTS A DAY, MORE THAN 300 PER MONTH. NO  
19 HOSPITAL IN THE COUNTRY, NO HOSPITAL IN THE COUNTRY, TRANSFERS  
20 THIS MANY PATIENTS WITH THIS FREQUENCY. BUILDING A TRANSFER  
21 SYSTEM TOOK TIME, EFFORT AND THE RESOURCES OF ALL COUNTY  
22 HOSPITALS, THE E.M.S. AGENCY AND THE PRIVATE HOSPITAL  
23 COMMUNITY. IN THE FIRST MONTH, M.L.K.-HARBOR WAS BEING  
24 CONVERTED TO A SMALL COMMUNITY HOSPITAL AND AN INCIDENT DID  
25 OCCUR WITH ONE OF THOSE TRANSFERS. THIS INCIDENT, WHICH



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1 OCCURRED IN FEBRUARY 2007, BEGAN WITH A FOUR-DAY STAY BY A  
2 PATIENT WHO WAS SEEN IN THE M.L.K.-HARBOR EMERGENCY ROOM  
3 AWAITING TRANSFER TO ONE OF THE TWO HOSPITALS IN OUR SYSTEM  
4 THAT PROVIDES NEUROSURGERY. THE METRO CARE PLAN SPECIFICALLY  
5 INDICATES THAT ALL NEUROSURGERY, ALONG WITH OTHER COMPLEX  
6 CASES, WOULD BE PERFORMED EITHER AT HARBOR U.C.L.A. OR AT L.A.  
7 COUNTY U.S.C. THIS CASE DID NOT SURFACE AS A CRITICAL INCIDENT  
8 INITIALLY. WHEN IT CAME TO OUR ATTENTION BY A LOCAL NEWS  
9 OUTLET, IT WAS REVIEWED BY THE MEDICAL DIRECTOR AT M.L.K.-  
10 HARBOR, WHO DID NOT INITIALLY BELIEVE THAT THERE WAS PROBLEMS  
11 WITH CARE. WE NOW KNOW, AFTER A VERY COMPLETE REVIEW, THAT  
12 THIS CASE HAD NUMEROUS PROBLEMS; THAT THE TRANSFER WAS NOT  
13 TIMELY AND THAT THE INITIAL REVIEW AT M.L.K.-HARBOR WAS  
14 INADEQUATE. WE WERE VERBALLY INFORMED BY C.M.S. AND THE STATE  
15 THAT THEIR REVIEW OF THIS CASE LED TO A FINDING OF IMMEDIATE  
16 JEOPARDY BY C.M.S. THIS IS TROUBLING AND DISCOURAGING IN THE  
17 LIGHT OF MORE THAN 1,000 TRANSFERS THAT HAVE BEEN MADE  
18 SUCCESSFULLY AND WITHOUT INCIDENT. WE HAVE TAKEN DIRECT AND  
19 SWIFT ACTION TO REMEDY THE ISSUES RELATED TO THIS CASE, PRIOR  
20 TO FINDING THE SURVEYORS, WHICH WE DO EXPECT IN WRITING LATER  
21 THIS WEEK. THE DEPARTMENT HAS TAKEN OTHER ADDITIONAL IMMEDIATE  
22 ACTIONS LONG BEFORE THE C.M.S. VERBAL EXIT CONFERENCE TO  
23 ADDRESS THE ISSUES IDENTIFIED IN THIS CASE, WHICH ARE OUTLINED  
24 IN THE DOCUMENT PROVIDED TO YOU. WE WERE INFORMED BY C.M.S.  
25 THAT WE WILL RECEIVE, DURING THE NEXT WEEK, THE FINDINGS FOR



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1 THIS CASE AND THAT WE BELIEVE THAT THIS CASE, AS WELL AS THE  
2 PREVIOUSLY REVIEWED CASE, WILL RESULT IN WHAT'S CALLED AN  
3 E.M.T.A.L.A. VIOLATION, WHICH FOCUSES ON A DELAY IN GETTING  
4 THE PATIENT SEEN. WE ARE ALSO TOLD THEY WILL FOCUS ON THE  
5 DELAY IN TRANSFER. WE HAVE ALSO RECEIVED A SUBSEQUENT LETTER  
6 FROM C.M.S.-- WE HAVE ALSO RECEIVED A COMMUNICATION FROM  
7 C.M.S. AND THE STATE DEPARTMENT OF HEALTH SERVICES ON THE E.R.  
8 WAITING ROOM CASE CITING THE HOSPITAL FOR AN E.M.T.A.L.A.  
9 VIOLATION FOR FAILING TO PROVIDE A MEDICAL SCREENING EXAM.  
10 UNLIKE THE NEUROSURGERY CASE, THIS INCIDENT WAS NOT CONSIDERED  
11 AN IMMEDIATE JEOPARDY. BASED ON THE INFORMATION WE HAVE  
12 ALREADY RECEIVED ON THE WAITING ROOM CASE, THE FOLLOWING  
13 IMMEDIATE ACTIONS HAVE BEEN TAKEN AFTER THE COMPLETION OF A  
14 PROMPT AND THOROUGH INVESTIGATION. THE EMPLOYEE WHO FAILED TO  
15 ARRANGE THE MEDICAL SCREENING EXAM RESIGNED AND THE FACTS  
16 AROUND THIS CASE WERE REPORTED TO THE NURSING BOARD. ALL  
17 EMPLOYEES IN THE TRIAGE THAT NIGHT HAVE BEEN COUNSELED AND  
18 FINDINGS HAVE BEEN PLACED IN THEIR PERSONNEL FILES. EMERGENCY  
19 DEPARTMENT PHYSICIANS ARE THE ONLY MEDICAL PROFESSIONALS WHO  
20 SIGN OFF ON MEDICAL SCREENING EXAMS BEFORE DISCHARGE. AND,  
21 ALTHOUGH THIS CASE WAS IN THE EMERGENCY ROOM AND NOT IN THE  
22 URGENT CARE, AS THIS ISSUE WAS RAISED BY C.M.S. INITIALLY IN  
23 THE REPORT, WE HAVE MADE THE APPROPRIATE CHANGES TO MAKE SURE  
24 THAT MEDICAL SCREENING EXAMS OCCUR PROPERLY. AS I HAVE TOLD  
25 YOU NUMEROUS TIMES, THE GOALS OF OUR DEPARTMENT AND MY GOAL AS



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1 YOUR DIRECTOR IS TO OPERATE A HOSPITAL THAT MEETS THE NEEDS OF  
2 THE SOUTH LOS ANGELES COUNTY AND COMPLIES WITH NATIONAL  
3 STANDARDS. SINCE SEPTEMBER 2006, THE HOSPITAL HAS SERVED  
4 THOUSANDS OF EMERGENCY DEPARTMENT PATIENTS AND HUNDREDS OF  
5 INPATIENTS. THE VAST MAJORITY LEFT M.L.K.-HARBOR HAVING  
6 RECEIVED APPROPRIATE CARE BUT THAT SIMPLY ISN'T GOOD ENOUGH.  
7 WE WILL NOT OPERATE A HOSPITAL THAT HAS SYSTEMIC FAILURES AND  
8 THAT DOES NOT MEET NATIONAL STANDARDS. AND, AS YOUR DIRECTOR,  
9 I WILL BE THE FIRST TO COME TO YOU PUBLICLY AND ASK THAT WE  
10 CLOSE THE HOSPITAL IF IT CANNOT MEET THOSE NATIONAL STANDARDS.  
11 ON THE OTHER HAND, I HAVE TO TELL YOU THAT I DO SEE SIGNS OF  
12 PROGRESS AT M.L.K.-HARBOR. THANKS TO THE INVOLVEMENT OF THE  
13 HARBOR U.C.L.A. STAFF AND OUR OTHER HOSPITAL, STAFF TRAINING  
14 AND COMPETENCY HAS IMPROVED. OUR OUTSIDE CONTRACTORS ARE  
15 PROVIDING MORE TIMELY CARE TO PATIENTS. HOW CAN I SAY THAT TO  
16 YOU IN THE FACE OF EXTERNAL SURVEYS WITH SOME OF THE FINDINGS  
17 WE'VE SEEN? WE DO DEPARTMENTALLY MONITOR QUALITY. OUR STAFF  
18 CONDUCT TWICE A WEEK REVIEW OF PATIENT CARE AND WE DO DAILY  
19 REVIEWS WITH THE SENIOR MEDICAL DIRECTOR OF THE DEPARTMENT AS  
20 WELL AS HOSPITAL LEADERSHIP OF ALL CARE IN THE SUBSEQUENT 24  
21 HOURS-- JUST PAST 24 HOURS AND WE SPECIFICALLY REVIEW DEATHS  
22 AND OTHER PROBLEM CASES. THE PERFORMANCE DATA FROM OUR TWO  
23 TIMES A WEEK SURVEY SHOW CONTINUOUS IMPROVEMENTS IN THINGS  
24 THAT MATTER MOST. THINGS LIKE PATIENT SAFETY, MEDICATION  
25 ERRORS AND CALCULATION PROBLEMS ARE DOWN. ERRORS IN THE





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1 ACCURATE TRANSMISSION OF PHYSICIAN ORDERS ARE DOWN AND OTHER  
2 MEASURES SHOW IMPROVEMENT. IS THIS ROSY REPORTING? I DON'T  
3 THINK SO. THESE ARE THE FACTS AND IT GIVES ME OPTIMISM THAT,  
4 AS WE MAKE EFFORTS THAT WE'RE MAKING, CARE IS IMPROVING. WHERE  
5 WILL THIS ALL TAKE US? WE NOW HAVE ABOUT ONE MONTH BEFORE THE  
6 FINAL SURVEY BY C.M.S. AND STATE D.H.S. THAT WILL DETERMINE  
7 THE FATE OF M.L.K.-HARBOR. BETWEEN NOW AND THEN, THE HOSPITAL  
8 NOT ONLY HAS TO PREPARE ITSELF FOR THIS SURVEY BUT IT'S GOING  
9 TO HAVE TO RESPOND WITH PLANS AND CORRECTION FOR THE  
10 E.M.T.A.L.A. VIOLATION AND THE IMMEDIATE JEOPARDY FINDING.  
11 THIS IS DAUNTING, DIFFICULT BUT NOT IMPOSSIBLE. IS THERE ANY  
12 ENCOURAGEMENT IN OUR CURRENT SITUATION GIVEN THAT BOTH-- IF  
13 THERE IS ANY ENCOURAGEMENT IN OUR CURRENT SITUATION, IT IS  
14 THAT BOTH THE STATE AND FEDERAL LEADERS INDICATED IN OUR  
15 VERBAL EXIT THAT ALL OF THE ISSUES THAT THEY SAW THAT WERE  
16 VERY SERIOUS ARE CORRECTIBLE. THIS REPRESENTS PROGRESS FROM  
17 EARLIER M.L.K. ISSUES THAT SEEMED TO BE BOTH UNFIXABLE AND A  
18 CONTINUATION OF UNSAFE PRACTICES. AS YOUR DIRECTOR, MY FIRST  
19 OBLIGATION IS TO PATIENTS. IF M.L.K. OR ANY OTHER HEALTH  
20 FACILITY IS EVER DEEMED UNSAFE BY ME OR OUR MEDICAL  
21 LEADERSHIP, WE WILL TAKE ACTIONS TO FIRST PROTECT PATIENTS AND  
22 THEN DEAL WITH WHATEVER OTHER ISSUES OCCUR. AND IF THAT MEANS  
23 CLOSING A FACILITY, CURTAILING A SERVICE, REPLACING STAFF,  
24 PATIENT SAFETY WILL PREVAIL OVER CONCERNS OF FUNDING, FALLOUT  
25 OR COMPLAINTS. I DO MAINTAIN A CAUTIOUS BUT POSITIVE ATTITUDE





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1 ABOUT M.L.K.-HARBOR'S ABILITY TO PASS THE UPCOMING C.M.S.  
2 SURVEY; HOWEVER, THE HOSPITAL HAS GOT TO STAND ON ITS OWN TWO  
3 FEET WITH ITS TEAM OF LEADERS, PHYSICIANS, NURSES AND STAFF  
4 ABLE TO DEMONSTRATE TO C.M.S. AND STATE D.H.S. THAT THEY CAN  
5 OPERATE A SAFE, COMPASSIONATE HEALTHCARE FACILITY THAT MEETS  
6 NATIONAL STANDARDS. LIKE ALL HEALTHCARE FACILITIES, MY STAFF  
7 DEVELOPS PLANS FOR ALL TYPES OF SCENARIOS. WE DEVELOP PLANS  
8 FOR THINGS LIKE FIRE, EARTHQUAKES, FLOODS, BIOTERRORISM AND WE  
9 HAVE PLANS, IF NECESSARY, TO DEAL WITH M.L.K. IF IT DOES NOT  
10 MEET NATIONAL STANDARDS AND IF INPATIENT SERVICES HAVE TO BE  
11 CLOSED AND EMERGENCY PATIENTS SENT ELSEWHERE. AS YOU WILL  
12 RECALL, WE HAD A FULLY DEVELOPED CONTINGENCY PLAN FOR M.L.K.  
13 WHEN IT FAILED THE C.M.S. 2006 SURVEY AND, BY ALL ACCOUNTS,  
14 THE PLAN HAS BEEN IMPLEMENTED AND HAS BEEN EFFECTIVE IN  
15 MAINTAINING THE SAME LEVEL OF SERVICES TO PATIENTS FROM SOUTH  
16 LOS ANGELES. I WILL PROVIDE AN OVERVIEW OF OUR CONTINGENCY  
17 PLAN WHICH WE HOPE TO NEVER HAVE TO UTILIZE IN A SEPARATE  
18 REPORT TO YOUR BOARD. IN CONCLUSION...

19

20 **SUP. YAROSLAVSKY, CHAIRMAN:** COULD YOU MOVE THE MICROPHONE  
21 CLOSER.

22

23 **DR. BRUCE CHERNOF:** SURE, I'M SORRY. IN CONCLUSION, I WOULD  
24 REITERATE THAT THIS IS ONE OF THE MOST DIFFICULT CHALLENGES  
25 FACED BY ANY HOSPITAL IN THE UNITED STATES. WE HAVE APPROACHED



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1 REBUILDING THE HOSPITAL IN AN ORGANIZED AND METHODICAL WAY AND  
2 THE RESULTS DEMONSTRATE THAT WE HAVE SERVED THOUSANDS OF  
3 PATIENTS WELL AND A FEW PATIENTS POORLY. WE WILL CONTINUE TO  
4 MAKE CHANGES AT THE HOSPITAL AS WE SEE THE NEED OR THE  
5 OPPORTUNITY AND THERE IS NO PART OF THE ORGANIZATION THAT IS  
6 SACRED. I REMAIN CAUTIOUSLY OPTIMISTIC THAT THE HOSPITAL CAN  
7 PASS THE UPCOMING C.M.S. SURVEY BUT ALSO REALISTIC THAT IT  
8 MIGHT NOT. OUR GOAL IS TO HAVE THE HOSPITAL PASS, WHICH WOULD  
9 BE THE BEGINNING OF A LONG AND DIFFICULT PATH FOR THE M.L.K.-  
10 HARBOR TEAM TO CONTINUE TO REBUILD THE HOSPITAL, REBUILD THE  
11 CONFIDENCE OF THE COMMUNITY AND REBUILD THE SERVICES AND TO  
12 REALIZE THE DREAM THAT CREATED THE HOSPITAL IN THE FIRST  
13 PLACE. I THINK, IN CLOSING, THAT OUR GOAL, OUR GOAL IS TO HAVE  
14 A HOSPITAL THAT MEETS THE DEPARTMENT STANDARDS. WE RESPECT THE  
15 C.M.S. STANDARDS. WE RESPECT THE STATE STANDARDS BUT WE  
16 PROVIDE AN OUTSTANDING LEVEL OF CARE IN OUR HOSPITALS AND  
17 CLINICS AND WE HOLD ALL OF OUR HOSPITALS TO THOSE STANDARDS.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** CAN YOU MAKE A COPY OF THAT  
20 PRESENTATION THAT YOU JUST READ FROM SO THAT WE COULD ALL HAVE  
21 A COPY OF IT?

22

23 **DR. BRUCE CHERNOF:** I WILL BE PROVIDING EACH OF YOU WITH THAT,  
24 YES.

25



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** CAN YOU PROVIDE IT TO SOMEBODY NOW  
2   AND THEY CAN MAKE A COPY SO THAT WE CAN REVIEW IT WHILE WE'RE  
3   ENGAGED IN THIS DISCUSSION?

4

5   **DR. BRUCE CHERNOF:** YES, WE CAN DO THAT.

6

7   **SUP. YAROSLAVSKY, CHAIRMAN:** SERGEANT? THANK YOU.

8

9   **DR. BRUCE CHERNOF:** ACTUALLY, RENE, COULD YOU-- THERE WE GO.

10

11   **SUP. YAROSLAVSKY, CHAIRMAN:** DO YOU HAVE COPIES ALREADY? THAT  
12   WOULD EVEN BE BETTER. IT WOULD HAVE BEEN NICE TO FOLLOW IT  
13   BECAUSE IT WAS HARD TO HEAR YOU BUT THAT'S MY AGING HEARING, I  
14   GUESS.

15

16   **SUP. MOLINA:** I HAD TO CLOSE MY EYES TO TRY TO LISTEN.

17

18   **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, AND IT WAS A VERY THOROUGH,  
19   EXPANSIVE PRESENTATION AND I THINK WE ALL WOULD HAVE LIKED TO  
20   HAVE-- BUT ANYWAY, SO BE IT. WE'LL READ IT WHILE WE-- WE CAN  
21   WALK AND CHEW GUM AT THE SAME TIME. THANK YOU FOR THE  
22   PRESENTATION. SUPERVISOR MOLINA?

23

24   **SUP. MOLINA:** ALL RIGHT. WELL, FIRST OF ALL, I THINK THAT THIS  
25   HAS TO BE-- WE HAVE TO UNDERSTAND WHERE WE'RE AT AND WHAT



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1 WE'RE DOING AND I'M VERY, VERY MINDFUL THAT DR. CHERNOF HAS  
2 PROVIDED UNBELIEVABLE LEADERSHIP ON THIS ISSUE. HE HAS BEEN  
3 ABLE TO, YOU KNOW, SAVE THIS HOSPITAL FROM THE JAWS OF DEATH  
4 EVERY TIME WE TURN. AND I KNOW THAT YOU'VE MADE UNBELIEVABLE  
5 EFFORTS BY PROVIDING LEADERSHIP, BY PROVIDING RESOURCES, BY  
6 PROVIDING INFORMATION AND DOING ALL THAT YOU CAN. I AM ALSO  
7 AWARE THAT ANTOINETTE HAS DONE AN UNBELIEVABLE JOB AND IS  
8 STILL OPTIMISTIC TODAY. AND I KNOW IN HER RESPONSES TO MY  
9 QUESTIONS, SHE HAS BEEN HONEST AND STRAIGHTFORWARD. SHE HAS  
10 DONE EVERYTHING TO CONVINCE ME THAT EVERY EFFORT IS BEING MADE  
11 TO TRAIN, TO PREPARE, TO DO ALL THAT WE CAN. SO I HOPE-- THESE  
12 ARE NOT INTENDED TO BE ATTACKS ON EITHER OF YOU OR EVEN THE  
13 HOSPITAL. THIS IS AN ISSUE OF A RESPONSIBILITY THAT I HAVE.  
14 NOT YOU. THAT I HAVE. AND, IN ORDER FOR ME TO REALLY FULFILL  
15 MY RESPONSIBILITY, I NEED TO ASK YOU QUESTIONS THAT MAY SEEM  
16 TO BE BLAMING YOU FOR SOMETHING AND IT'S NOT INTENDED TO BE  
17 THAT. BUT I HAVE-- AND I KNOW THAT ALL OF US COLLECTIVELY,  
18 THIS BOARD, IF IT'S EVER BEEN UNITED ON ANYTHING, IT HAS BEEN  
19 UNITED IN TRYING TO SAVE THIS HOSPITAL. EVERY EFFORT. IF IT  
20 NEEDED MORE MONEY, WE PUT IT IN. IF IT NEEDED CONSULTANTS, WE  
21 PUT IT IN. IF IT NEEDED, YOU KNOW, PUSHING OR NUDGING A DOC OR  
22 A NURSE OR ADMINISTRATOR AT ANOTHER HOSPITAL, WE DID IT. IF IT  
23 NEEDED NUDGING POLITICALLY, WE DID IT. IF WE NEEDED TO GO AND  
24 INTERVENE AT A FEDERAL LEVEL, WE DID EVERYTHING WE COULD. WE  
25 HAVE EXPENDED UNBELIEVABLE AMOUNT OF RESOURCES AND EFFORTS TO



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1 BRING IN CONSULTANTS AND OVERSEERS AND ALL THAT WE CAN AND  
2 CERTAINLY AN AWFUL LOT OF POLITICAL CAPITAL AS WELL. IT IS  
3 QUITE CLEAR THAT THIS BOARD, THIS DEPARTMENT OF HEALTH  
4 SERVICES, THIS COMMUNITY, ALL OF ITS POLITICAL ALLIES WANT  
5 NOTHING MORE THAN TO SEE THIS HOSPITAL STAY OPEN. BUT THE  
6 OTHER PART OF IT AS WELL IS THEY NEED TO SEE A SAFE PATIENT,  
7 HIGH QUALITY CARE AND THE ISSUE BEFORE US IS AS SIMPLE AS  
8 THIS, ARE YOU WILLING TO PLAY RUSSIAN ROULETTE WITH YOURSELF,  
9 YOUR MOM, YOUR WIFE, YOUR CHILD? AND THAT'S THE DECISION THAT  
10 IS BEFORE ME. AT ONE POINT, I REALLY DIDN'T CARE WHAT C.M.S.  
11 SAID. I WAS TIRED OF THEIR NITPICKING AS WE WERE TOLD LITTLE  
12 THINGS THAT I HEARD THAT THEY WERE DOING. EVERYBODY TOLD ME  
13 THAT NO OTHER HOSPITAL COULD UNDERGO THIS KIND OF SCRUTINY AND  
14 THAT IS PROBABLY THE CASE. AND I AM SURE THAT WHEN, LIKE  
15 ANYONE ELSE, WHEN YOU HAVE TO GO THROUGH SCRUTINY, WE ALL  
16 SHOULD KNOW THEY'RE LOOKING UNDER EVERYTHING. THEY ARE, YOU  
17 KNOW, CHECKING THE DUST ON TOP OF DOORWAYS. EVERY ASPECT OF  
18 IT. BUT WE'VE KNOWN WE'VE BEEN UNDER THIS MICROSCOPE FOR A  
19 LONG TIME AND AT ONE POINT I VERY FRANKLY DIDN'T CARE WHAT  
20 C.M.S. WAS GOING TO SAY BECAUSE I HAD RECEIVED ASSURANCES FROM  
21 THE PEOPLE I'M TO TRUST AND THAT IS THE DEPARTMENT AND THE  
22 ADMINISTRATORS THERE, THAT WE WERE PROVIDING QUALITY CARE.  
23 THAT WAS MY RESPONSIBILITY. SO, AGAIN, IF THEY WERE THE FEDS  
24 TELLING US THAT, YOU KNOW, THIS SHOULD BE CLEANER, THIS SHOULD  
25 BE DONE, YOU MISSED AN INITIAL HERE, YOU DIDN'T DO THIS, YOU



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1 DIDN'T DO THAT, I COULD UNDERSTAND AND I THOUGHT, WELL, WE'RE  
2 JUST GOING TO HAVE TO FUND IT. EVEN THOUGH WE DON'T GET THE  
3 FEDERAL FUNDING, WE'RE GOING TO HAVE TO FUND IT BECAUSE IT IS  
4 SO ESSENTIAL. AND, DR. CHERNOF, YOU AND I HAD THAT VERY  
5 STRAIGHTFORWARD DISCUSSION, I HAD THE SAME DISCUSSION WITH MY  
6 COLLEAGUES IN CLOSED SESSION AS WELL AS WITH DAVID JANSSEN AND  
7 WE NEEDED TO COME UP AS TO HOW WE WERE GOING TO KEEP THIS  
8 HOSPITAL OPEN. WELL, I AM NOW TOTALLY CONVINCED THAT WE ARE  
9 NOT PROVIDING QUALITY CARE AT M.L.K.-HARBOR. IT IS EVIDENT NOT  
10 ONLY BY A VIDEOTAPE THAT I'VE YET TO SEE BUT HAS BEEN  
11 DESCRIBED TO ME, BY THE RESPONSES THAT WE'VE RECEIVED SO FAR  
12 AND, OF COURSE, MORE RECENTLY, BY THE REPORT THAT WE HAVE  
13 RECEIVED. NOW, I WANT TO UNDERSTAND WHAT IS HAPPENING BECAUSE,  
14 AS USUAL, I ASKED A SIMPLE QUESTION. THE QUESTION ASKED FOR  
15 DR. CHERNOF TO PRESENT A FULL REPORT ON RECENT STATE AND  
16 FEDERAL INVESTIGATIONS OF M.L.K.-HARBOR, INCLUDING THE STATUS,  
17 THE PROCESS, THE NEXT STEP AND THE POTENTIAL IMPLICATIONS.  
18 NOW, I UNDERSTAND THAT THAT MIGHT BE IN HERE SOMEWHERE AND I  
19 TRIED HARD TO LISTEN BUT I DIDN'T FIND IT. SO I'M GOING TO ASK  
20 QUESTIONS. NUMBER ONE, I READ THE LETTER THAT I'M NOT SURE I  
21 UNDERSTAND AND I'M GOING TO TRY AND READ SOME OF IT AND YOU  
22 CLARIFY FOR ME. "YOU MAY AVOID TERMINATION ACTION AND NOTICE  
23 TO THE PUBLIC EITHER BY PROVIDING CREDIBLE ALLEGATION OR  
24 CREDIBLE EVIDENCE OF CORRECTION OF THE DEFICIENCIES OR BY  
25 SUCCESSFULLY PROVIDING THE DEFICIENCIES DID NOT EXIST 10 DAYS



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1 FROM THE RECEIPT OF THAT LETTER." WHAT DOES-- AND ANSWER  
2 SIMPLE PLEASE. I ASKED SIMPLE SO PLEASE ANSWER SIMPLE. WHAT  
3 IS, "DID NOT EXIST 10 DAYS FROM RECEIPT OF THE LETTER" MEAN TO  
4 YOU?

5

6 **DR. BRUCE CHERNOF:** MY INTERPRETATION, SUPERVISOR MOLINA, IS  
7 THAT WE WOULD BE SAYING THAT THE FINDINGS OF THE SURVEYORS  
8 WERE IN ERROR.

9

10 **SUP. MOLINA:** WELL, WAIT A MOMENT. SO THAT THEY DIDN'T EXIST,  
11 WERE IN ERROR? SO THEY NEVER-- IS THAT WHAT THAT MEANS?

12

13 **ANTOINETTE EPPS:** I BELIEVE-- YOU'RE READING FROM THE COVER  
14 LETTER WE RECEIVED FROM C.M.S., I BELIEVE.

15

16 **SUP. MOLINA:** IT'S THE ONLY THING I'VE RECEIVED.

17

18 **ANTOINETTE EPPS:** YEAH. WE HAVE TO PROVIDE THEM EVIDENCE THAT  
19 WE HAVE A PLAN OF CORRECTION OR THAT, AT THE TIME, WHICH IS 10  
20 DAYS FROM RECEIPT OF THE LETTER, WE HAVE TO REPLY TO THEM  
21 WITHIN 10 DAYS OF RECEIPT OF THE LETTER. AND WITHIN THAT 10-  
22 DAY PERIOD, IF WE HAVE FIXED THAT PROBLEM, THEN WE CAN TELL  
23 THEM, IN OUR PLAN, THAT IT IS FIXED AS OF THE TIME WE SENT  
24 THAT IN.

25





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1   **SUP. MOLINA:** SO THIS WOULD BE THE SO-CALLED FOUR DEFICIENCIES  
2   THAT ARE ON THE FRONT?

3

4   **ANTOINETTE EPPS:** YES, THE LETTER WE RECEIVED. I BELIEVE IT'S  
5   DATED THE FIFTH. WE RECEIVED IT ON THE SEVENTH.

6

7   **SUP. MOLINA:** ALL RIGHT. BUT IT STATES ON THERE ESTIMATED TO BE  
8   THE 6/15, WHICH IS THIS COMING FRIDAY.

9

10   **ANTOINETTE EPPS:** IS THIS COMING FRIDAY, YES.

11

12   **SUP. MOLINA:** SO IT SAYS THAT, IN 10 DAYS FROM WHENEVER THAT  
13   WAS, YOU MUST PROVIDE THAT IT DID NOT EXIST OR THAT YOU HAVE  
14   NOW CORRECTIONS. SO THERE'S NO-- I MEAN, I WANT TO UNDERSTAND  
15   WHAT THE WORDING SAYS. WE'RE NOT GOING TO CHALLENGE THEM ON IT  
16   NOT EXISTING, EVEN THOUGH IT SAYS THAT.

17

18   **ANTOINETTE EPPS:** IT MAY HAVE EXISTED AT THE TIME THAT THEY  
19   CONDUCTED THEIR INSPECTION AND IT MAY HAVE BEEN CORRECTED IN  
20   THE INTERVENING TIME. SO, AT THE TIME THAT WE REPLY, IT IS  
21   POSSIBLE THAT IT MIGHT NOT EXIST AND I BELIEVE THAT'S WHAT THE  
22   WORDING IS REFERRING TO.

23

24   **SUP. MOLINA:** ALL RIGHT. SO WE MIGHT BE CLOSED ON FRIDAY?

25



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1   **ANTOINETTE EPPS:** IF WE DO NOT PROVIDE SATISFACTORY RESPONSE TO  
2   THEM, IT IS POSSIBLE, YES, MA'AM.

3

4   **SUP. MOLINA:** ALL RIGHT. NOW WHEN ARE YOU PLANNING ON  
5   SUBMITTING THAT RESPONSE?

6

7   **ANTOINETTE EPPS:** IT WILL BE PREPARED AND SENT ON THE 15TH,  
8   WHICH IS FRIDAY.

9

10   **SUP. MOLINA:** I UNDERSTAND. I NEED TO SEE THAT. AM I GOING TO  
11   GET TO SEE THAT?

12

13   **ANTOINETTE EPPS:** IF YOU WANT TO SEE IT, WE CAN...

14

15   **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IS IT YOU'RE REFERRING TO?

16

17   **SUP. MOLINA:** WELL, THERE'S A REPORT THEY'RE GOING TO BE  
18   SUBMITTING ON THESE "CORRECTIONS" AND IT'S GOING TO BE  
19   SUBMITTED AND WE'RE NOT GOING TO GET TO SEE IT. I WANT TO SEE  
20   IT.

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, CAN I, ON THAT POINT, JUST  
23   PIGGYBACK ON THAT? BECAUSE, IN THIS LETTER THAT YOU'RE READING  
24   FROM, THE ENCLOSURE WAS-- THAT THEY ATTACHED THIS LETTER TO  
25   WAS THE STATEMENT OF DEFICIENCIES. MY STAFF HAS ASKED YOUR



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1 STAFF, DR. CHERNOF, FOR A COPY OF THE STATEMENT OF  
2 DEFICIENCIES AT MY REQUEST AND WE'VE BEEN REFUSED A COPY OF  
3 THE STATEMENT OF DEFICIENCIES. I HAD THE SAME PROBLEM A YEAR  
4 AGO WHEN I WANTED TO GET ONE OF THE OTHER REPORTS THAT WAS  
5 DONE BY C.M.S. ON M.L.K. AND IT WAS LIKE PULLING TEETH. CAN WE  
6 GET A COPY OF THE STATEMENT OF DEFICIENCIES? I AGREE WITH  
7 SUPERVISOR MOLINA, AS WELL BUT THE RESPONSE MAKES NO SENSE  
8 UNLESS WE KNOW WHAT IT'S RESPONDING TO.

9

10 **SUP. MOLINA:** WELL, THAT WAS MY NEXT QUESTION BECAUSE I DON'T  
11 UNDERSTAND WHAT, "FAILURE TO COMPLY WITH THE POLICY AND THE  
12 PROCEDURES OF 42, SECTION 42.89.24." I DON'T KNOW WHAT THAT  
13 IS. SO I WANT YOU TO TELL ME WHAT THAT IS.

14

15 **DR. BRUCE CHERNOF:** IT IS THE E.M.T.A.L.A. REGULATIONS

16

17 **SUP. MOLINA:** IT'S WHAT?

18

19 **DR. BRUCE CHERNOF:** IT IS THE MEDICAL SCREENING-- THE  
20 E.M.T.A.L.A. REGULATIONS IN C.M.S. AND WE WILL...

21

22 **SUP. MOLINA:** WAIT A MINUTE. "FAILURE TO COMPLY WITH POLICY AND  
23 PROCEDURES." ARE THEY-- WHOSE POLICY? FEDERAL POLICY? OUR  
24 POLICY? STATE POLICY? WHOSE POLICY?

25



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1   **ANTOINETTE EPPS:** ARE YOU REFERRING TO THE FIRST PAGE, SECOND  
2   PARAGRAPH?

3

4   **SUP. MOLINA:** I'M TALKING ON PAGE 1, IT SAYS, "400, SECTION  
5   489.2.01(1)". IT SAYS, "FAILURE TO COMPLY WITH POLICY AND  
6   PROCEDURES OF 42, SECTION 489.24." WHAT IS THAT VIOLATION OR  
7   WHAT IS THAT FAILURE?

8

9   **ANTOINETTE EPPS:** THESE ARE SECTIONS OF FEDERAL GUIDELINES, THE  
10   C.M.S. GUIDELINES.

11

12   **SUP. MOLINA:** SO THEY'RE FEDERAL GUIDELINES.

13

14   **ANTOINETTE EPPS:** YES, MA'AM.

15

16   **SUP. MOLINA:** BUT WHAT ARE THEY?

17

18   **PATRICIA PLOEHN:** SUPERVISOR, IF I CAN TRY TO EXPLAIN, I  
19   BELIEVE THAT THE FIRST CITATION, WHICH WAS 400 AND IT CITES TO  
20   489.201 IS AN OVERALL CATCH ALL THAT INDICATES THAT THEY FOUND  
21   A FAILURE TO COMPLY WITH THE FOLLOWING THREE REGULATIONS, THE  
22   402, THE 405 AND THE 406. SO THE FAILURE TO POST SIGNS, THE  
23   FAILURE TO KEEP A ADEQUATE E.R. LOG AND THE FAILURE TO PERFORM  
24   A MEDICAL SCREENING EXAM.

25



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1    **SUP. MOLINA:** SO THERE ACTUALLY ARE ONLY THREE VIOLATIONS?

2

3    **PATRICIA PLOEHN:** THE 400 IS A CATCHALL. THOSE ARE THE  
4    PROCEDURES AND POLICIES THEY SHOULD HAVE COMPLIED WITH.

5

6    **SUP. MOLINA:** ALL RIGHT. SO THEN LET ME UNDERSTAND. WHAT IS THE  
7    POSTING OF SIGNS? WHAT WAS THE FAILURE THERE?

8

9    **ANTOINETTE EPPS:** THERE'S A REQUIREMENT THAT SIGNS BE POSTED IN  
10   THE EMERGENCY DEPARTMENT AND IN OTHER E.M.T.A.L.A. TREATMENT  
11   LOCATIONS THAT INFORM PATIENTS THAT THEY ARE ENTITLED TO  
12   RECEIVE A MEDICAL SCREENING EXAMINATION. IN THE SURVEYORS'  
13   REVIEW...

14

15   **SUP. MOLINA:** ALL RIGHT. THAT IS ENOUGH OF THAT. IF THAT'S THE  
16   CASE AND YOU KNOW THAT, THAT'S A RULE, WHY WASN'T THE SIGN UP?

17

18   **ANTOINETTE EPPS:** MAY I CONTINUE? WE DO HAVE SIGNAGE IN THE  
19   WAITING AREAS AND IN ALL OF THE AREAS WHERE PATIENTS ARE...

20

21   **SUP. MOLINA:** DOES THAT MEET THE STANDARD OF THE REGULATION?

22

23   **ANTOINETTE EPPS:** WE WERE TOLD THIS TIME THAT IT DID NOT, THAT  
24   WE NEEDED TO ALSO HAVE SIGNS IN THE PATIENT TREATMENT AREAS,  
25   WHICH IS WHERE THE PATIENT BEDS ARE IN THE EMERGENCY



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1 DEPARTMENT. THAT HAD NOT BEEN CITED BEFORE AND IT IS NOT  
2 SOMETHING THAT IS COMMON PRACTICE, AS I UNDERSTAND, THROUGHOUT  
3 THE DEPARTMENT. WE'VE HAD E.M.T.A.L.A. SURVEYS A NUMBER OF  
4 TIMES LOOKING AT OUR SIGNAGE AND THAT'S NEVER BEEN POINTED OUT  
5 AS A DEFICIENCY IN THE PAST.

6

7 **SUP. MOLINA:** AND THIS SIGN, IS IT BILINGUAL?

8

9 **ANTOINETTE EPPS:** YES, MA'AM.

10

11 **SUP. MOLINA:** HOW MANY LANGUAGES?

12

13 **ANTOINETTE EPPS:** ENGLISH AND SPANISH. THOSE ARE THE TWO  
14 LANGUAGES THAT WE PROVIDE THE SIGNS IN.

15

16 **SUP. MOLINA:** AND BASICALLY IT SAYS THAT THE PATIENT IS  
17 ENTITLED WHAT? A SCREENING?

18

19 **ANTOINETTE EPPS:** TO RECEIVE A MEDICAL SCREENING EXAMINATION.

20

21 **SUP. MOLINA:** AND WHAT DOES THAT MEAN? WHAT IS A MEDICAL  
22 SCREENING?

23

24 **ANTOINETTE EPPS:** THE E.M.T.A.L.A. REGULATIONS...

25



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1   **SUP. MOLINA:** NO, NO. WHAT DOES IT MEAN? IF I READ IT, WHAT  
2   WOULD THAT MEAN TO ME? DOES IT OUTLINE WHAT IT IS?

3

4   **ANTOINETTE EPPS:** IT OUTLINES IN THE E.M.T.A.L.A. REGULATIONS.  
5   THAT'S WHAT THE MEDICAL SCREENING...

6

7   **SUP. MOLINA:** BUT NOT THE NOTIFICATION?

8

9   **ANTOINETTE EPPS:** IT TELLS THE PATIENT THAT THEY HAVE THE RIGHT  
10   TO BE EVALUATED BY A PHYSICIAN TO DETERMINE IF AN EMERGENCY  
11   MEDICAL CONDITION EXISTS.

12

13   **SUP. MOLINA:** SO THAT IS ONE OF THE THINGS THAT YOU WERE DINGED  
14   ON, THAT YOU DIDN'T HAVE THE SIGN?

15

16   **ANTOINETTE EPPS:** IN THE TREATMENT AREA, YES, MA'AM.

17

18   **SUP. MOLINA:** IF THE SIGN WAS IN THE WAITING ROOM AND MS.  
19   RODRIGUEZ DEMANDED AND HER HUSBAND DEMANDED A SCREENING...

20

21   **ANTOINETTE EPPS:** BY PRESENTING IN THE EMERGENCY DEPARTMENT,  
22   MS. RODRIGUEZ OR ANY PATIENT WAS ENTITLED TO RECEIVE A MEDICAL  
23   SCREENING EXAMINATION, PERIOD.

24





**The Meeting Transcript of  
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1   **SUP. MOLINA:** SO DOES-- WHAT I NEED TO KNOW AND THIS IS JUST,  
2   YOU KNOW, I DON'T KNOW IF THE SIGN IS THIS BIG, THAT BIG OR  
3   WHATEVER. I AM TALKING NOW AN ISSUE OF SAFETY. SO I WALK IN  
4   AND I READ THE SIGN AND IT WILL TELL ME THAT I AM ENTITLED TO  
5   HAVE WHAT IS KNOWN AS A SCREENING, WHICH IS A MEDICAL  
6   EVALUATION, AND I TAKE IT THAT THAT COULD ENTAIL EVERYTHING  
7   FROM AN X-RAY TO A DOCTOR ACTUALLY TAKING MY TEMPERATURE OR A  
8   NURSE TAKING MY, I DON'T-- WHATEVER. SO, IF THAT IS THE CASE,  
9   SO, WHEN I WALK IN AND YOU HAVE ALL OF THESE PERSONNEL IN THE  
10   FRONT, RECEPTIONISTS, MEDICAL PEOPLE OR WHATEVER THEY ARE, DO  
11   THEY KNOW THIS? THAT EVERY PATIENT IS ENTITLED TO THAT  
12   EVALUATION?

13

14   **ANTOINETTE EPPS:** YES, MA'AM, THEY DO.

15

16   **SUP. MOLINA:** IF THEY KNOW THIS, THEN WHY DIDN'T THEY HELP MS.  
17   RODRIGUEZ?

18

19   **ANTOINETTE EPPS:** I WISH I KNEW THE ANSWER TO THAT QUESTION.

20

21   **SUP. MOLINA:** ALL RIGHT. DOES THE JANITOR KNOW THIS?

22

23   **ANTOINETTE EPPS:** EVERY EMPLOYEE. CONTRACT, REGISTRY, EMPLOYED  
24   BY THE COUNTY, EVERY EMPLOYEE IS TRAINED AT LEAST ONCE A YEAR  
25   ON E.M.T.A.L.A.



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1

2 **SUP. MOLINA:** SO THEN THE NURSE MANAGER KNEW AS WELL?

3

4 **ANTOINETTE EPPS:** EVERY EMPLOYEE AT THE FACILITY KNOWS THAT WE  
5 ARE REQUIRED TO PROVIDE A MEDICAL SCREENING EXAMINATION.

6

7 **SUP. MOLINA:** SO WHEN THE MEDICAL DIRECTOR RECEIVED THIS  
8 INFORMATION THAT MS. RODRIGUEZ DID NOT GET A SCREENING, WHAT  
9 WAS DONE?

10

11 **ANTOINETTE EPPS:** WHEN HE RECEIVED THE INFORMATION THAT SHE DID  
12 NOT RECEIVE A SCREENING EXAMINATION, IF MY MEMORY SERVES ME  
13 CORRECTLY, WE LEARNED OF THE OUTCOME OF MS. RODRIGUEZ'S CASE  
14 ON THE MORNING OF THE NINTH.

15

16 **SUP. MOLINA:** NO, I KNOW, BUT SHE HAD BEEN IN THERE THREE TIMES  
17 BEFORE THAT.

18

19 **ANTOINETTE EPPS:** RIGHT.

20

21 **SUP. MOLINA:** AND SHE NEVER RECEIVED A MEDICAL SCREENING BEFORE  
22 THAT.

23

24 **ANTOINETTE EPPS:** SHE RECEIVED A MEDICAL SCREENING  
25 EXAMINATION...



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1

2 **SUP. MOLINA:** A MONTH BEFORE THAT.

3

4 **ANTOINETTE EPPS:** ON EVERY OCCASION THAT THIS PATIENT PRESENTED  
5 TO THE HOSPITAL, EXCEPT FOR MAY THE NINTH, SHE RECEIVED A  
6 MEDICAL SCREENING EXAMINATION. ONLY ON MAY 9TH DID SHE NOT  
7 RECEIVE A MEDICAL SCREENING EXAMINATION.

8

9 **SUP. MOLINA:** ON MAY 9TH, SHE DID NOT RECEIVE A MEDICAL  
10 SCREENING.

11

12 **ANTOINETTE EPPS:** CORRECT.

13

14 **SUP. MOLINA:** PRIOR, THE VISIT BEFORE, SHE RECEIVED A MEDICAL  
15 SCREENING.

16

17 **ANTOINETTE EPPS:** YES, MA'AM.

18

19 **SUP. MOLINA:** WHAT WAS INVOLVED IN THAT SCREENING?

20

21 **ANTOINETTE EPPS:** HER CHIEF COMPLAINT OR WHAT SHE SAYS IS WRONG  
22 WITH HER, THAT'S TAKEN. CERTAIN CLINICAL INFORMATION IS  
23 GATHERED FROM HER ABOUT HER SIGNS AND SYMPTOMS. CERTAIN  
24 DIAGNOSTIC, YOU KNOW, LIKE HEART RATE, YOU KNOW, VARIOUS KINDS  
25 OF THINGS.



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1

2 **SUP. MOLINA:** DID THEY DO THAT?

3

4 **ANTOINETTE EPPS:** IT WAS DONE EVERY VISIT THAT SHE CAME  
5 EXCEPT...

6

7 **SUP. MOLINA:** I'M NOT ASKING THAT. THIS IS NOT-- ON MAY 9TH,  
8 THE DAY BEFORE OR THE VISIT BEFORE SHE DIED,

9

10 **ANTOINETTE EPPS:** YES.

11

12 **SUP. MOLINA:** WAS THE SCREENING DONE?

13

14 **ANTOINETTE EPPS:** YES, MA'AM.

15

16 **SUP. MOLINA:** AND WHAT IS THE SCREENING OTHER THAN TAKING  
17 DIAGNOSTIC INFORMATION? WHAT DID IT INVOLVE? DID THEY TAKE HER  
18 TEMPERATURE?

19

20 **ANTOINETTE EPPS:** YES, MA'AM.

21

22 **SUP. MOLINA:** THEY DID.

23



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1   **ANTOINETTE EPPS:** THEY DID LAB WORK. A PHYSICAL EXAMINATION.  
2   SHE WAS GIVEN PAIN MEDICATION. SHE WAS CARED FOR IN THE  
3   EMERGENCY ROOM.

4  
5   **SUP. MOLINA:** WAS THERE AN X-RAY THAT WAS DONE?

6  
7   **ANTOINETTE EPPS:** THERE WERE ON OCCASIONS. I CANNOT TELL YOU  
8   EXACTLY WHETHER, ON THE VERY LAST OCCASION, PRIOR TO THE  
9   NINTH, BUT THERE WERE X-RAYS TAKEN. THERE WERE ULTRASOUNDS.  
10   THERE WAS A C.T. SCAN WAS DONE ON PRIOR OCCASIONS. I CAN'T  
11   TELL YOU, WITHOUT MY NOTES, EXACTLY WHICH. AND I DON'T HAVE  
12   THOSE NOTES RIGHT IN FRONT OF ME.

13  
14   **SUP. MOLINA:** ALL RIGHT. SO AGAIN THERE WAS A FAILURE UNDER  
15   THIS OF THE POSTING OF SIGNS. WELL, ONCE A SIGN IS POSTED, IT  
16   SAYS THAT YOU ARE TO RECEIVE A MEDICAL EVALUATION. AND YOU'RE  
17   ASSURING ME NOW THAT MS. RODRIGUEZ RECEIVED THE MEDICAL  
18   EVALUATION THE DAY BEFORE, NOT THE DAY OF BUT THE DAY BEFORE  
19   SHE DIED OR THE VISIT BEFORE SHE DIED?

20  
21   **ANTOINETTE EPPS:** ALL OF HER PREVIOUS VISITS EXCEPT FOR ON MAY  
22   9TH, SHE RECEIVED A MEDICAL SCREENING EXAMINATION AND FULL  
23   TREATMENT TO OUR CAPABILITIES AT KING.

24



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1   **SUP. MOLINA:** AND THE OTHER VIOLATION, WHAT IS THE VIOLATION IN  
2   THE E.R. LOG?

3

4   **ANTOINETTE EPPS:** THE PROCESS THAT WE USE FOR THE EMERGENCY  
5   ROOM LOG IS A MANUAL AND THEN AN AFTER-THE-FACT AUTOMATED  
6   PROCESS. WHEN THE PATIENT INITIALLY COMES IN, THEY'RE LOGGED  
7   IN MANUALLY AND THEN INFORMATION FROM THAT MANUAL LOG IS USED  
8   TO BUILD THE ELECTRONIC LOG. BECAUSE OF THE WAY THAT WE HAVE  
9   OUR PROCESS SET UP, THIS IS SOMETHING WE WANT TO CHANGE BUT WE  
10   CAN DISCUSS THAT AT A LITTLE LATER TIME, THERE WERE  
11   DISCREPANCIES BETWEEN THE MANUAL LOG AND THE ELECTRONIC LOG  
12   AND THAT LED TO THIS CITATION.

13

14   **SUP. MOLINA:** WHAT KIND OF DISCREPANCIES?

15

16   **ANTOINETTE EPPS:** SO, FOR EXAMPLE, IT APPEARS THAT THERE WERE  
17   OCCASIONS WHEN THE TIME, THE INITIAL PRESENTING TIME, THAT'S  
18   ON THE MANUAL LOG DID NOT MATCH THE ELECTRONIC LOG.

19

20   **SUP. MOLINA:** WHO DOES THE INPUTTING OF THIS LOG?

21

22   **ANTOINETTE EPPS:** THE ELECTRONIC OR...?

23

24   **SUP. MOLINA:** DOESN'T MATTER. WHO DOES THEM? WHO DOES THE  
25   WRITTEN ONE?



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1

2 **ANTOINETTE EPPS:** THE NURSES WHO RECEIVE THE PATIENT WHEN THEY  
3 FIRST COME TO THE WINDOW AND GIVE A PRESENTING COMPLAINT.

4

5 **SUP. MOLINA:** IS THAT THE TRIAGE NURSE?

6

7 **ANTOINETTE EPPS:** YES, THE TRIAGE NURSE OR AN L.V.N. WHO MIGHT  
8 BE ASSISTING THE PERSON BUT THAT'S WHO ACTUALLY FILLS OUT THE  
9 LOG. A NURSING PERSON, YES.

10

11 **SUP. MOLINA:** IN ALL THE PRIOR VISITS OR ARE THEY JUST TALKING  
12 ABOUT THE TIME OF DEATH?

13

14 **ANTOINETTE EPPS:** THESE FINDINGS ARE NOT SPECIFIC TO THE  
15 RODRIGUEZ CASE. THE RODRIGUEZ CASE TRIGGERED THE  
16 INVESTIGATION. HOWEVER, THEY PULL ABOUT 50 CHARTS WHEN THEY  
17 COME IN TO DO AN E.M.T.A.L.A. REVIEW SO...

18

19 **SUP. MOLINA:** I AM TOLD THAT WE CAN'T TALK ABOUT THE SPECIFIC  
20 PATIENTS BY NAME EVEN THOUGH THE L.A. TIMES IS DOING IT EVERY  
21 OTHER MINUTE.

22

23 **ANTOINETTE EPPS:** I'M SORRY. I WAS JUST TRYING TO RESPOND TO  
24 YOUR QUESTIONS.

25





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The Los Angeles County Board of Supervisors**

1   **SUP. MOLINA:** NO, I'M SORRY, TOO. I'M THE ONE THAT STARTED IT  
2   SO I APOLOGIZE. WE'LL JUST SAY THE PATIENT IN QUESTION, I  
3   GUESS. I JUST GOT THAT NOTE MYSELF. ANYWAY, I'M SORRY.

4

5   **PATRICIA PLOEHN:** SUPERVISOR MOLINA, I WOULD SUGGEST THAT YOU  
6   KEEP THE DISCUSSION HERE IN THE OPEN SESSION GENERIC AS TO THE  
7   DEFICIENCIES. WE DO HAVE A CLOSED SESSION TO DISCUSS A  
8   SPECIFIC INCIDENT...

9

10   **SUP. MOLINA:** YOU KNOW, BUT I DON'T UNDERSTAND THAT H.I.P.A.A.  
11   REGULATION WHEN, IN FACT, THE L.A. TIMES HAS DONE EVERYTHING  
12   BUT SHOW THE VIDEOTAPE.

13

14   **PATRICIA PLOEHN:** I UNDERSTAND, SUPERVISOR.

15

16   **SUP. MOLINA:** SO WHY CAN'T ANYBODY FILE A H.I.P.A.A. VIOLATION  
17   ON THEM SINCE THEY HAVE THIS EXTENSIVE INFORMATION? HERE WE  
18   ARE, PUBLICLY RESPONSIBLE FOR THIS AND WE CAN'T DISCUSS IT.

19

20   **PATRICIA PLOEHN:** SUPERVISOR MOLINA...

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** BECAUSE WE'RE THE DEFENDANT.

23



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1   **PATRICIA PLOEHN:** SUPERVISOR MOLINA, YOUR BOARD AND THE COUNTY  
2   IS CONTROLLED BY H.I.P.A.A. UNFORTUNATELY, THE L.A. TIMES IS  
3   NOT.

4

5   **SUP. MOLINA:** I KNOW BUT IT DOESN'T MAKE SENSE, DO YOU  
6   UNDERSTAND? IF THE H.I.P.A.A. PEOPLE DON'T GO AFTER THE L.A.  
7   TIMES, WHY SHOULD WE WORRY THAT THEY'RE GOING TO COME AFTER  
8   US?

9

10   **PATRICIA PLOEHN:** BECAUSE THE L.A. TIMES IS NOT A COVERED  
11   ENTITY, TECHNICAL LINGO UNDER H.I.P.A.A.

12

13   **SUP. MOLINA:** SO H.I.P.A.A. ONLY BELONGS TO WHO?

14

15   **PATRICIA PLOEHN:** THE HEALTHCARE PROVIDER, OR, IN THIS CASE,  
16   ITS GOVERNING BOARD, WHICH IS YOUR BOARD.

17

18   **SUP. MOLINA:** YOU KNOW, THESE KINDS OF INCONSISTENCIES OF  
19   RESPONSIBILITY AND NOT HAVING RESPONSIBILITY ARE TOTALLY  
20   INCONSISTENT. AND SO WHEN I'M BEING HELD ACCOUNTABLE BY  
21   SOMETHING I'M SUPPOSED TO KNOW AND THEN I CAN'T KNOW, I CAN'T  
22   DISCUSS IT.

23



**The Meeting Transcript of  
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1   **PATRICIA PLOEHN:** SUPERVISORS, I BELIEVE IT WOULD BE  
2   APPROPRIATE TO DISCUSS IT UNDER THE CLOSED SESSION YOU HAVE TO  
3   DISCUSS THIS SPECIFIC INCIDENT.

4

5   **SUP. MOLINA:** I UNDERSTAND BUT THE ISSUE IS, IS THAT WE KEEP  
6   DISCUSSING THINGS IN CLOSED SESSION AND THINGS ARE GETTING, TO  
7   ME, SWEEPED UNDER THE RUG. THE L.A. TIMES IS DISCUSSING IT IN A  
8   VERY PUBLIC FORUM. I MEAN, I FOUND OUT ABOUT THESE VIOLATIONS,  
9   INCLUDING THAT OTHER PATIENT THAT WASN'T WRITTEN ABOUT IN THE  
10   L.A. TIMES BUT WAS WRITTEN IN ANOTHER JOURNAL, I'M FINDING  
11   THAT OUT FROM READING MY NEWSPAPER, NOT FROM THE DEPARTMENT  
12   THAT IS RESPONSIBLE IN LETTING ME KNOW WHAT IS GOING ON. SO I  
13   HAVE TO PURSUE THESE QUESTIONS BECAUSE, I MEAN, I DON'T KNOW  
14   HOW I CAN TELL ANYONE THAT THIS IS A SAFE FACILITY AND THAT'S  
15   A DUTY I HAVE. AND IT'S NOT JUST A POLITICAL RESPONSIBILITY,  
16   IT'S A MORAL RESPONSIBILITY.

17

18   **PATRICIA PLOEHN:** SUPERVISOR, I UNDERSTAND YOUR FRUSTRATION. I  
19   AGREE YOU NEED THE INFORMATION. ALL I AM SAYING IS THAT FOR  
20   YOU TO HAVE THAT DISCUSSION PUBLICLY MAY BE CONSIDERED  
21   INAPPROPRIATE UNDER THE FEDERAL LAW.

22

23   **SUP. MOLINA:** WELL, SUE ME. WE'LL CALL ONE PATIENT A AND WE'LL  
24   CALL THE OTHER ONE PATIENT B.

25



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The Los Angeles County Board of Supervisors**

1    **ANTOINETTE EPPS:** YES, MA'AM.

2

3    **SUP. MOLINA:** AND IF YOU WANT TO KNOW WHO PATIENT A IS AND  
4    PATIENT B IS, I'M GOING TO HAVE MY STAFF SEND YOU A LITTLE  
5    NOTE THAT GOES WITH THE RIGHT NAME SO YOU CAN ANSWER THE RIGHT  
6    QUESTION. THE PUBLIC WON'T KNOW WHAT WE'RE TALKING ABOUT BUT  
7    THAT'S OKAY. ALL RIGHT? SO I WANT TO UNDERSTAND AGAIN UNDER  
8    THIS VIOLATION OF E.R. LOGS. SO WHAT WOULD A CORRECTION ENTAIL  
9    FOR THIS?

10

11   **ANTOINETTE EPPS:** WHAT WE HAVE TO DO, IN THE IMMEDIATE, IS TAKE  
12   ACTION TO AUDIT THE INPUT OF THE INFORMATION FROM THE MANUAL  
13   LOG TO THE AUTOMATED LOG SO THAT THERE IS NO DISCREPANCY. IF  
14   WE FIND A DISCREPANCY, THAT WE CORRECT THAT DISCREPANCY IN  
15   REAL TIME AND THAT WOULD BE THE FIX IMMEDIATELY. WE HAVE A  
16   LONGER TERM FIX IN PLACE WHERE WE ARE IMPLEMENTING A SYSTEM  
17   THAT WILL AUTOMATE THIS PROCESS FROM THE BEGINNING.

18

19   **SUP. MOLINA:** WELL, BUT, AGAIN, I DON'T KNOW WHAT THE E.R. LOG  
20   SAID. BUT WHY ARE THERE THOSE DISCREPANCIES?

21

22   **ANTOINETTE EPPS:** BECAUSE HUMANS MAKE ERRORS AND WE DON'T CATCH  
23   ALL OF THEM.

24

25   **SUP. MOLINA:** YOU CAN'T MAKE ERRORS. LET ME JUST SAY...



**The Meeting Transcript of  
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1

2 **ANTOINETTE EPPS:** I UNDERSTAND.

3

4 **SUP. MOLINA:** I DON'T KNOW WHAT AN E.R. LOG IS BUT I WOULD TAKE  
5 IT THAT THAT WOULD RECORD THE PATIENT OR THE PATIENT'S  
6 ACTIVITIES, DUTIES, MOTIONS, I DON'T KNOW WHAT IT IS BUT YOU  
7 CAN'T HAVE PEOPLE WHO CAN'T READ AND COPY AT THE SAME TIME.  
8 YOU CAN'T HAVE THEM IN A HOSPITAL. I MEAN, YOU KNOW, YOU CAN  
9 HAVE ONE ERROR BUT YOU SAID THERE WERE VARIOUS. SO MY ISSUE  
10 IS, I DON'T WANT THAT PERSON WHO CAN'T READ SOMETHING AND THEN  
11 COPY IT INTO A COMPUTER. SO IF I WAS THE FEDERAL GOVERNMENT  
12 AND YOU SAID, "WELL, WE'RE GOING TO GO BACK AND FIX THOSE  
13 ENTRIES", OKAY, THAT THEY FOUND, BUT YOU STILL HAVE THE SAME  
14 PERSON AND I'M NOT TIRED OF THE WORD COUNSELED, OKAY, I DON'T  
15 KNOW WHAT THE WORD COUNSELED MEANS, I MEAN, YOU KNOW? TO ME,  
16 IT IS SOMEBODY WHO CAN'T, YOU KNOW, PHYSICALLY READ SOMETHING  
17 AND THEN COPY IT. THAT PERSON SHOULD NOT BE DOING THIS WORK.  
18 THEY SHOULD BE DOING SOMETHING ELSE. ARE YOU GOING TO GET RID  
19 OF THAT PERSON?

20

21 **ANTOINETTE EPPS:** IF THAT PERSON DEMONSTRATES THAT THEY CANNOT  
22 CORRECT...

23

24 **SUP. MOLINA:** THEY HAVE ALREADY DEMONSTRATED IT.

25



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1    **ANTOINETTE EPPS:** ...CORRECT THEIR BEHAVIOR.

2

3    **SUP. MOLINA:** NO, NO, BUT THEY'VE ALREADY DEMONSTRATED IT. SEE,  
4    MS. EPPS, THIS IS THE PROBLEM I HAVE. THIS IS NO MORE TIME.  
5    THIS IS NOT THE KIND OF TIME NOW. WE ARE IN WHAT IS KNOWN  
6    IMMEDIATE JEOPARDY. WE ARE JEOPARDIZING THE LIVES. WE ARE  
7    PLAYING RUSSIAN ROULETTE WITH EVERYBODY WHO IS RIGHT NOW  
8    WAITING IN THAT EMERGENCY ROOM.

9

10   **ANTOINETTE EPPS:** I UNDERSTAND THE CONCERN.

11

12   **SUP. MOLINA:** SO THEN, CONSEQUENTLY, I DON'T WANT THE PERSON  
13   WHO MADE THE ERRORS TO WORK THERE. I MEAN THAT'S A VERY  
14   SPECIFIC REQUEST. I DON'T WANT HER COUNSELED, TRAINED,  
15   RETRAINED, REEVALUATED. I WANT HER TO GO SOMEWHERE ELSE. I  
16   WANT HIM TO GO SOMEWHERE ELSE. HE CAN'T READ AND INPUT AT THE  
17   SAME TIME AND, IF THAT IS VIOLATING MY QUALITY OF CARE, I  
18   WOULD LIKE TO SEE THAT PERSON MOVED SOMEWHERE ELSE. I THINK  
19   THE TOLERANCE LEVEL, FOR ME, AND I DON'T KNOW ABOUT MY  
20   COLLEAGUES IS, I DON'T WANT THAT PERSON DOING THIS WORK. I'M  
21   NOT ASSURED THAT THEY'RE GOING TO BE ABLE TO ASSIST ME BECAUSE  
22   THEY ARE BEYOND ALL THIS COUNSELING AND TRAINING. NOW, WHAT IS  
23   A VIOLATION UNDER THE SO-CALLED MEDICAL SCREENING EXAM?

24



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1   **ANTOINETTE EPPS:** THE FACT THAT THE INDIVIDUAL DID NOT RECEIVE  
2   THAT EXAMINATION.

3

4   **SUP. MOLINA:** ON THE LAST DAY? ON THE DAY THEY DIED?

5

6   **ANTOINETTE EPPS:** AS BEST I CAN DETERMINE, YES, MA'AM.

7

8   **SUP. MOLINA:** WELL, WHAT DO YOU MEAN, AS BEST YOU CAN  
9   DETERMINE? EITHER THEY TOLD YOU YES OR NOT.

10

11   **ANTOINETTE EPPS:** SINCE WE CAN'T SPEAK ABOUT SPECIFIC  
12   PATIENTS...

13

14   **SUP. MOLINA:** OKAY, PATIENT A. YOU GOT MY LITTLE NOTE THERE.  
15   PATIENT A. ON PATIENT A, WE'RE NOT SPEAKING ABOUT ANYONE,  
16   WE'RE JUST TALKING ABOUT PATIENT A, DID THEY CITE YOU FOR  
17   VIOLATING THE MEDICAL SCREENING EXAMS FOR OTHER THAN THE DAY  
18   THAT SHE DIED?

19

20   **ANTOINETTE EPPS:** NO, MA'AM.

21

22   **SUP. MOLINA:** YOU WERE ONLY CITED FOR NOT PROVIDING A MEDICAL  
23   SCREENING EXAM...

24

25   **ANTOINETTE EPPS:** ON MAY 9TH. ON MAY 9TH.





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1

2 **SUP. MOLINA:** ...ON THE DAY THAT SHE DIED.

3

4 **SUP. KNABE:** THAT ONE SPECIFIC. OF THE OTHER 50 CASES THAT WERE  
5 PULLED, WERE THERE ANY OTHER?

6

7 **ANTOINETTE EPPS:** NOT THAT I CAN RECALL. I'D HAVE TO LOOK AT  
8 THE...

9

10 **SUP. MOLINA:** BIT I WANT TO UNDERSTAND WHAT YOU ARE GOING TO BE  
11 SUBMITTING TO THEM. YOU ARE NOW-- I MEAN, WE DON'T HAVE  
12 EXACTLY WHAT THESE ARE AND I'D LIKE TO GET THOSE.

13

14 **SUP. KNABE:** THAT'S WHY I WAS ASKING. IF THERE'S ANYTHING MORE  
15 THAN JUST PATIENT A. I MEAN...

16

17 **SUP. MOLINA:** RIGHT. AND I WANT TO KNOW WHAT THE CORRECTION IS  
18 THAT YOU'RE GOING TO BE SUBMITTING.

19

20 **ANTOINETTE EPPS:** NO.

21

22 **C.A.O. JANSSEN:** NO, THERE WERE-- 27 WERE REVIEWED. ONLY THIS  
23 ONE HAD THE ERROR.

24



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1   **SUP. MOLINA:** AND IN THIS ONE WITH THE LACK OF A MEDICAL  
2   SCREENING THAT DAY, IT ALL GOES BACK TO A RECEPTIONIST, A  
3   CLERK, A TRIAGE NURSE, INCLUDING A CUSTODIAN, THAT WERE  
4   INATTENTIVE TO THE PATIENT?

5

6   **ANTOINETTE EPPS:** THE REGISTERED NURSE WAS RESPONSIBLE FOR THE  
7   CLINICAL CARE IN THAT AREA AND SHE HAD PERSONS ASSISTING HER  
8   IN THAT PARTICULAR INSTANCE, YES, MA'AM.

9

10   **SUP. MOLINA:** AND SO ALL OF THOSE PEOPLE ARE BEING COUNSELED,  
11   AS WELL?

12

13   **ANTOINETTE EPPS:** YES, MA'AM.

14

15   **SUP. MOLINA:** SO WHAT YOU'RE GOING TO SUBMIT TO THEM IS THAT  
16   YOU CAN CLEARLY SAY THAT IT, UNDER THIS PROVISION, DID NOT  
17   EXIST. IT DID EXIST. SO WHAT WOULD BE THE CORRECTION THAT YOU  
18   WOULD SUBMIT?

19

20   **ANTOINETTE EPPS:** WE PLAN TO DEMONSTRATE THAT, IN ADDITION TO  
21   THE ANNUAL TRAINING THAT WAS REQUIRED FOR E.M.T.A.L.A., THAT  
22   EVERY INDIVIDUAL WHO IS NOT ONLY IN THE EMERGENCY DEPARTMENT  
23   BUT IN THE FACILITY HAS BEEN RETRAINED REGARDING E.M.T.A.L.A.  
24   AND OUR OBLIGATIONS UNDER E.M.T.A.L.A.

25



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1   **SUP. MOLINA:** WELL, HOW MANY EMPLOYEES ARE IN THAT DEPARTMENT  
2   NOW?

3

4   **ANTOINETTE EPPS:** IN THE EMERGENCY DEPARTMENT?

5

6   **SUP. MOLINA:** I DON'T KNOW. WHOEVER ARE COVERED UNDER THIS  
7   PROVISION.

8

9   **SUP. KNABE:** MR. CHAIRMAN, COULD I SORT OF PIGGYBACK ON THAT?

10

11   **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, ARE YOU FINISHED FOR NOW?

12

13   **SUP. MOLINA:** NO, I'M WAITING FOR MY ANSWER.

14

15   **ANTOINETTE EPPS:** THERE ARE APPROXIMATELY 130 NURSING STAFF.

16   THERE ARE PROBABLY PHYSICIAN STAFF ABOUT 20 TO 25 AND WE HAVE

17   VARIOUS OTHERS LIKE, FOR EXAMPLE, PROBABLY ABOUT 20

18   REGISTRATION STAFF, PROBABLY IN THE NEIGHBORHOOD OF FIVE TO 10

19   INDIVIDUALS WHO WORK IN ENVIRONMENTAL SERVICES WHO MIGHT BE

20   ASSIGNED TO THAT AREA. AND THEN OTHER DEPARTMENTS WOULD HAVE

21   FEWER, FOR EXAMPLE, RESPIRATORY THERAPISTS, THERE ARE PROBABLY

22   FIVE TO SIX PERSONS WHO ARE ASSIGNED TO THAT AREA.

23



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1   **SUP. MOLINA:** ALL RIGHT. WELL, JUST OF THE ONES THAT YOU  
2   ENUMERATED, THAT'S 185. SO, BY FRIDAY, YOU WILL HAVE RETRAINED  
3   ALL 185 PEOPLE?

4

5   **ANTOINETTE EPPS:** THEY HAVE ALREADY BEEN RETRAINED. ALL OF THEM  
6   HAVE BEEN RETRAINED.

7

8   **SUP. MOLINA:** MS. EPPS, THEY'VE BEEN RETRAINED BETWEEN WHEN AND  
9   WHEN?

10

11   **ANTOINETTE EPPS:** BETWEEN MAY THE 17TH AND NOW.

12

13   **SUP. MOLINA:** AND PATIENT A DIED ON WHAT DAY?

14

15   **ANTOINETTE EPPS:** MAY 9TH.

16

17   **SUP. MOLINA:** ALL RIGHT. SO ALL OF THEM WERE TRAINED. NOW, HOW  
18   DO YOU KNOW THEY WERE TRAINED?

19

20   **ANTOINETTE EPPS:** BECAUSE I GAVE A DIRECTIVE THAT THEY BE  
21   TRAINED. WE PROVIDED THE MATERIALS THAT WERE TO BE USED. THOSE  
22   MATERIALS WERE UTILIZED.

23

24   **SUP. MOLINA:** WAS ANYONE ABSENT THAT DAY OF THE TRAINING?

25



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1   **ANTOINETTE EPPS:** ANYONE WHO WAS ABSENT HAS TO BE RETRAINED AND  
2   WE HAVE A TRACKING MECHANISM TO MAKE SURE THAT THEY ARE  
3   RETRAINED WHEN THEY RETURN AND I HAVE SIGNATURE THAT THEY  
4   RECEIVED THE RETRAINING.

5

6   **SUP. MOLINA:** SO WHEN YOU RETRAIN THEM, AND I DON'T KNOW WHAT  
7   THAT IS, OKAY, HOW DO YOU KNOW THEY GOT IT?

8

9   **ANTOINETTE EPPS:** THERE IS-- DEPENDING UPON THE LEVEL OF  
10   PERSONNEL, THERE IS WHAT'S CALLED RETURN DEMONSTRATION OR  
11   REITERATION OF WHAT'S REQUIRED. SO, FOR EXAMPLE, FOR THE  
12   HOUSEKEEPING PERSON, WE WOULD MERELY TELL THEM, "THIS IS WHAT  
13   YOU'RE REQUIRED TO DO. YOU HAVE TO TELL A SUPERVISOR." AND  
14   THEY CAN SAY, "YES, I UNDERSTAND" AND SIGN THAT THEY RECEIVED  
15   THAT TRAINING. FOR THE NURSE, IT WOULD BE DIFFERENT. THE NURSE  
16   HAS TO DEMONSTRATE THAT SHE KNOWS HOW TO PROVIDE TRIAGE AND  
17   SHE KNOWS HOW TO LOOK AT A PATIENT AND EVALUATE IF THEY ARE--  
18   WE HAVE FIVE TRIAGE LEVELS. IF THEY'RE MORE SERIOUS OR LESS  
19   SERIOUS AND SO FORTH. SO, DEPENDING UPON THE INDIVIDUAL  
20   INVOLVED, THE LEVEL OF TRAINING IS DIFFERENT AND HOW THEY  
21   RETURN DEMONSTRATE IS DIFFERENT.

22

23   **SUP. MOLINA:** SO, AGAIN, BUT ALL OF THEM, THE CONSISTENCY IS  
24   THAT THEY'VE SIGNED OFF AND SAID, "I RECEIVED THIS TRAINING."

25



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1    **ANTOINETTE EPPS:** YES, MA'AM.

2

3    **SUP. MOLINA:** SO THE INDIVIDUALS WHO WERE AT THE FRONT DESK AND  
4    SAW PATIENT A HAD ALREADY SIGNED OFF THAT THEY HAD RECEIVED  
5    THE TRAINING BEFORE?

6

7    **ANTOINETTE EPPS:** THEY WERE REQUIRED TO GO TO ATTEND...

8

9    **SUP. MOLINA:** DID THEY SIGN OFF?

10

11   **ANTOINETTE EPPS:** TO THE BEST OF MY KNOWLEDGE, YES, MA'AM.

12

13   **SUP. MOLINA:** SO IF THEY SIGNED OFF BEFORE AND THEY DIDN'T GET  
14   IT, WHAT MAKES YOU BELIEVE THAT THEY'RE NOT SIGNING OFF NOW  
15   AND STILL NOT GETTING IT?

16

17   **ANTOINETTE EPPS:** I SUPPOSE MY OPTIMISM THAT PEOPLE WILL GET IT  
18   AND THE IDEA THAT WE HAVE TO GET OUR WORK DONE THROUGH  
19   INDIVIDUALS WHO WORK FOR US. WE HAVE NO OTHER CHOICE. THERE IS  
20   NO OTHER MECHANISM THAT WE HAVE.

21

22   **SUP. MOLINA:** WELL, AND THAT'S AN ISSUE AND I THINK THAT'S--  
23   THAT IS THE MAJOR ISSUE. IT'S A MATTER OF TRUST. AND THE FEDS  
24   ARE TRYING TO LOOK AT US AND SAYING, CAN WE TRUST YOU TO  
25   PROVIDE QUALITY OF CARE? I AM SAYING TO YOU, CAN WE TRUST THIS



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1 DEPARTMENT, THIS HOSPITAL TO PROVIDE QUALITY OF CARE? IF THE  
2 LEVEL OF TRUST IS THAT THEY HAD TO SIGN A DOCUMENT THAT SAYS,  
3 "I RECEIVED THE TRAINING" BUT THEY SIGNED THE DOCUMENT BEFORE  
4 AND DIDN'T GET IT AND NOW THEY'RE SIGNING IT AGAIN, I CANNOT  
5 TRUST THAT THEY GET IT.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** CAN I SUGGEST, MR. KNABE AND MS.  
8 BURKE WANT TO BE HEARD. CAN JUST WE GO AROUND?

9

10 **SUP. KNABE:** I JUST WANT TO PIGGYBACK ON WHAT SHE...

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** WE'VE GOT TO GIVE SOMEBODY ELSE A  
13 CHANCE. MR. KNABE.

14

15 **SUP. KNABE:** I DID, TOO. BUT I JUST WANT TO PIGGYBACK BECAUSE I  
16 DON'T WANT HER TO GET OFF THIS POINT OF TRAINING. I GUESS MY  
17 FRUSTRATION IS, TO SORT OF PIGGYBACK, IT'S NOT SO MUCH THE  
18 NUMBER OF EMPLOYEES AND THEY SIGNED OFF BUT THE FACT IS WE'RE  
19 AT A POINT IN THIS PROCESS WHERE IT'S NOT JUST A NORMAL C.M.S.  
20 EXAM. IT'S NOT A J.C.A.H.O. EXAM. I MEAN, WE ARE AT THE END OF  
21 THE ROAD. AND WHAT I DON'T UNDERSTAND IS WHY THERE IS NOT A  
22 DAILY CROSS CHECK OF SOME SORT THAT THESE THINGS ARE  
23 HAPPENING. LIKE THE E.R. LOG. I MEAN, THAT SOMEBODY ISN'T  
24 CHECKING THAT ON A DAILY BASIS TO PICK UP THAT MISTAKE SO THAT  
25 THEY'RE TRAINED IMMEDIATELY, THAT WE ARE CATCHING THOSE





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1 MISTAKES, THAT YOU HAVE SOME SORT OF PROJECT MANAGER OR  
2 MONITOR AS IT RELATES TO WHAT SUPERVISOR MOLINA IS TALKING  
3 ABOUT ON A DAILY BASIS AT THIS PARTICULAR POINT IN TIME, THAT  
4 EVERY DAY, EVERY SINGLE DAY, WHATEVER OUR WEAKNESSES ARE,  
5 THEY'RE NOT CROSS CHECKED BY SOMEONE ELSE TO POINT OUT, TO  
6 CATCH IT, TO MAKE IT HAPPEN AND TO IMPROVE UPON IT. BECAUSE,  
7 LIKE SHE SAYS, IF THEY SIGNED OFF-- THEY MAY HAVE SIGNED OFF A  
8 YEAR AGO, OKAY. AND THEN NOW JUST HAVE BEEN RETAINED SINCE  
9 THIS LAST INCIDENT OF THIS PARTICULAR PATIENT, I GUESS, THAT  
10 WE'RE SORT OF TALKING ABOUT. BUT WHY, ON A DAILY BASIS, THIS  
11 TRAINING IS NOT POUNDING, POUNDING, YOU GOT SOMEBODY WATCHING  
12 EVERY FACET OF THAT HOSPITAL. ANTOINETTE, YOU CAN'T DO THAT.  
13 BUT, I MEAN, YOU HAVE TO HAVE THESE DEPARTMENTS, SOMEONE ON A  
14 DAILY BASIS TO CATCH THESE MISTAKES INSTEAD OF C.M.S. CATCHING  
15 THE MISTAKES.

16

17 **DR. BRUCE CHERNOF:** SUPERVISOR, LET ME START AND I'LL ASK  
18 ANTOINETTE ADD HER TWO CENTS AS WELL BECAUSE I AGREE WITH YOU  
19 100 PERCENT AND THAT'S EXACTLY WHAT THE DEPARTMENT HAS TRIED  
20 TO DO. WE HAVE PUT IN EXTERNAL STAFF TO GO IN AND MONITOR, ON  
21 A DAILY BASIS, CARE IN THE HOSPITAL. WE ARE MONITORING THE  
22 AREAS THAT HAVE TRADITIONALLY BEEN THE MOST PROBLEMATIC AND  
23 FOCUSED ON THEM CAREFULLY. SO IT'S PART OF WHY-- AND THE CORE  
24 DATA IS PEER REVIEW PROTECTED BUT I'M COMFORTABLE, IN THIS  
25 PUBLIC SETTING, LOOKING YOU IN THE EYE AND SAYING, MEDICAL



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1 AREA, AN AREA THAT WAS A BIG PROBLEM IN THE PREVIOUS SURVEY,  
2 HAS IMPROVED SIGNIFICANTLY IN THE HOSPITAL AND IT COMES FROM  
3 REGULAR, EXTERNAL LOOKING AT THOSE AREAS. WE CLEARLY HAD--  
4 LOOKING AT THE LAW, THAT PRESENTED A NEW PROBLEM, WHICH WAS  
5 IMPORTANT AND WE HAVE ADDRESSED THAT NOW AS PART OF WHAT WE'RE  
6 LOOKING AT. ALSO, AND THIS IS THE PLACE WHERE I WANT TO HAND  
7 IT OFF TO ANTOINETTE BECAUSE I THINK ONE OF THE THINGS THAT  
8 SHE BELIEVES THAT IS VERY IMPORTANT, AND I AGREE WITH HER, IS  
9 THAT PEOPLE EXTERNALLY LOOKING AT CARE IS FINE TO A POINT.  
10 BUT, AT THE END OF THE DAY, THE FOLKS IN THE HOSPITAL AND THE  
11 MANAGEMENT IN THE HOSPITAL ALSO NEEDS TO BE ACCOUNTABLE FOR  
12 LOOKING. ANTOINETTE AND HER TEAM HAVE DONE A THOROUGH JOB ALSO  
13 DEVELOPING TRACER TEAMS, BOTH NURSING-SPECIFIC AND  
14 MULTIDISCIPLINARY TRACER TEAMS THAT ARE GOING THROUGH THE  
15 HOSPITAL ON A DAILY BASIS SPECIFICALLY TO DO EXACTLY WHAT  
16 EXACTLY YOU'RE DESCRIBING.

17

18 **SUP. KNABE:** BUT THEN THAT'S-- JUST PROVES THE POINT THAT YOU  
19 CAN'T TRAIN FOR CARING.

20

21 **DR. BRUCE CHERNOF:** WELL, IT PROVES TWO POINTS, SUPERVISOR  
22 KNABE. ONE IS, I MEAN, I APPRECIATE AND WARMLY ACCEPT  
23 SUPERVISOR BURKE'S PREVIOUS DIRECTION TO THE DEPARTMENT THAT  
24 WE LOOK AT CUSTOMER SERVICE TRAINING AND WE ARE WORKING  
25 CLOSELY WITH OUR COLLEAGUES IN D.H.R. TO DO THAT. WE ALREADY



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1 DO A LOT OF THAT WORK BUT I THINK EVERY OPPORTUNITY FOR OUR  
2 STAFF TO BE RESPONSIVE IS CRITICAL. AT THE END OF THE DAY,  
3 CARING ITSELF IS A VERY DIFFICULT THING TO TRAIN AN INDIVIDUAL  
4 FOR. THERE IS NO TWO WAYS ABOUT IT. AND I THINK THE OTHER  
5 THING THAT THIS POINTS OUT IS WE CAN LOOK AT EVERY SINGLE  
6 FACET THAT WE CAN THINK OF TO LOOK AT BUT THERE ARE SO MANY  
7 HUNDREDS OF ELEMENTS OF CARE, THERE IS ALWAYS A CHANCE THAT  
8 SOMETHING ELSE WILL POP UP. AND THE NATURE OF ALL OF OUR  
9 J.C.A.H.O. SURVEYS OR OUR OTHER HOSPITAL SURVEYS AND ALL OF  
10 YOU KNOW THIS AND UNDERSTAND THIS AS YOU'VE WORKED WITH THE  
11 DEPARTMENTS OVER THE YEARS IS EVERY SINGLE SURVEY WE HAVE HAS  
12 AN OCCASIONAL FINDING. AND NO MATTER HOW HARD WE PREPARE FOR A  
13 SURVEY AND I DON'T CARE IF IT'S THE SUCCESSFUL RANCHO SURVEY  
14 WE WENT THROUGH WHICH WAS AN OUTSTANDING, OUTSTANDING SUCCESS  
15 AND TO MY MIND IT OUTSTANDING BECAUSE WE DIDN'T EVEN USE ANY  
16 OUTSIDE CONSULTANTS. THAT WAS DRIVEN BY THE FOLKS IN THE  
17 HOUSE, REALLY IMPORTANT. AND, IN A PLACE AS COMPLICATED AS  
18 L.A.C./U.S.C., FOR EXAMPLE, IN THE THROES OF MOVING FROM A  
19 VERY OLD FACILITY TO A NEW FACILITY, THEIR SUCCESSES LAST  
20 YEAR. AND HARBOR AND OLIVE VIEW, THEIR PREVIOUS SUCCESSES OVER  
21 THE PAST COUPLE OF YEARS WITH OR WITHOUT EXTERNAL HELP. EVERY  
22 SINGLE ONE OF THOSE SURVEYS HAD FINDINGS. EVERY SINGLE ONE.  
23 WHICH SHOWS YOU THAT, NO MATTER HOW HARD YOU LOOK, THERE IS  
24 ALWAYS ONE MORE OPPORTUNITY. BUT WE HAVE GOT TO FOCUS ON THE  
25 MOST IMPORTANT THINGS.



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1

2   **SUP. KNABE:** YEAH, BUT I MEAN, THOSE HOSPITALS-- AND, GRANTED,  
3   THERE'S ALWAYS GOING TO BE FINDINGS. THOSE HOSPITALS ARE DOING  
4   THIS ON AN ANNUAL BASIS OR EVERY FEW YEARS AND SO THERE'S  
5   BOUND TO BE SOME FINDINGS. THIS PARTICULAR HOSPITAL HAS BEEN  
6   UNDER A MICROSCOPE FOR, WHAT? FOUR YEARS? FIVE YEARS? I MEAN,  
7   AT THIS POINT, I MEAN, THESE KINDS OF THINGS, WHAT FRUSTRATES  
8   YOU IS THAT YOU'RE MAKING ALL THIS EXTRA EFFORT TO MAKE IT  
9   HAPPEN BUT I JUST DON'T SEE WHY THERE'S NOT DAILY CHECKS TO  
10   MAKE SURE THESE THINGS DON'T HAPPEN.

11

12   **ANTOINETTE EPPS:** THERE ARE DAILY CHECKS. THERE ARE ABSOLUTELY  
13   DAILY CHECKS BUT WE ARE IN AN INDUSTRY THAT PROVIDES CARE THAT  
14   ISN'T THE SAME EVERY TIME AND IT ISN'T THE SAME EVERY DAY. AND  
15   TWO PATIENTS WITH THE VERY SAME MALADY MIGHT HAVE VERY  
16   DIFFERENT TREATMENT COURSES. AND SO WHEN THEY'RE CHECKING,  
17   THEY AREN'T-- THEY'RE CHECKING FOR A DYNAMIC PROCESS. AND THAT  
18   MEANS THAT MY STAFF HAS TO BE ABLE TO RESPOND IN THAT DYNAMIC  
19   FASHION. AND, UNFORTUNATELY, WE HAVE STAFF WHO HAVEN'T BEEN  
20   EQUIPPED TO DO SO. ONE OF MY CHALLENGES, ONE OF MY TEAM'S  
21   CHALLENGES IS TO BRING THEM UP TO STANDARD. AND WE HAVE A  
22   PROCESS AND A STRUCTURE THAT REQUIRES THAT WE DO CERTAIN  
23   THINGS IN ORDER TO DO THAT. SO I CAN'T SUMMARILY FIRE SOMEONE.  
24   I CAN SUMMARILY REMOVE SOMEONE. THERE ARE THINGS THAT I CAN  
25   DO. BUT THERE'S A PROCESS WE HAVE TO GO THROUGH.



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1

2 **SUP. KNABE:** AND I UNDERSTAND ALL THAT.

3

4 **ANTOINETTE EPPS:** AND WHILE WE'RE GOING THROUGH THIS PROCESS,  
5 WE'RE BEING CONSTANTLY REVIEWED, OVER AND OVER AND OVER AGAIN.  
6 AND, YOU KNOW, ONE OF THE OBSERVATIONS THAT I MADE TO THE  
7 SURVEYORS WHEN THEY WERE THERE WAS THAT THEY WERE SURVEYING US  
8 AS IF WE WERE A STATIC ENTITY, AS IF THINGS HAD BEEN THE VERY  
9 SAME. THEY HAVEN'T BEEN AND THIS BOARD HAS RECEIVED NUMEROUS  
10 REPORTS FROM US. WE HAVE BEEN CHANGING THIS FACILITY, WE'VE  
11 BEEN CHANGING OUR BED CAPACITY, OUR POLICIES, OUR PROCEDURES,  
12 OVER THIS LAST SEVEN, EIGHT MONTHS ON A CONSTANT BASIS. THAT  
13 MEANS EVEN ADDITIONAL REEDUCATION. THAT IS OUR RESPONSIBILITY  
14 AND THERE ARE THINGS THAT HAVE OCCURRED THAT WE WOULD NOT LIKE  
15 TO HAVE OCCURRED. I WOULD LOVE TO HAVE THE OPPORTUNITY TO FIX  
16 THINGS THE WAY THAT I FIXED THINGS IN MY PRIOR JOBS BUT THIS  
17 IS NOT A PRIOR JOB. THIS IS A VERY DIFFERENT PLACE. IT'S A  
18 VERY DIFFERENT...

19

20 **SUP. KNABE:** AND WITH ALL DUE RESPECT, I MEAN, I UNDERSTAND  
21 THAT, BUT, I MEAN, THE FACT IS, NO MATTER WHAT THE DYNAMIC  
22 MEDICAL TREATMENT MAY BE COMING THROUGH IN THE E.R., AN E.R.  
23 LOG OR A MEDICAL SCREENING EXAM DOESN'T CHANGE.

24

25 **ANTOINETTE EPPS:** YOU'RE RIGHT.



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1

2 **SUP. KNABE:** IT'S THE SAME REQUIREMENT.

3

4 **ANTOINETTE EPPS:** YOU'RE ABSOLUTELY CORRECT.

5

6 **SUP. KNABE:** WHATEVER THE PATIENT HAS, BROKEN FINGER TO-- I  
7 MEAN, THE E.R. LOG STAYS THE SAME AND THE MEDICAL SCREENING  
8 EXAM STAYS THE SAME. SO THAT'S WHAT'S HARD TO-- I MEAN, HOW  
9 THAT HAPPENED AT THIS PARTICULAR POINT IN TIME.

10

11 **DR. BRUCE CHERNOF:** WITH RESPECT TO THE MEDICAL SCREENING EXAM,  
12 THERE WAS A MEDICAL SCREENING EXAM FAILURE, ONE, AND WE KNOW  
13 THE CAUSE OF THAT MEDICAL SCREENING EXAM FAILURE. SO IT KIND  
14 OF GETS TO YOUR POINT, SUPERVISOR, ABOUT CARING. YOU KNOW, IF  
15 ONE PERSON CHOOSES TO JUST DO HIS OR HER OWN THING, THEY NEED  
16 TO BE HELD ACCOUNTABLE FOR DOING THAT BECAUSE IT'S NOT HOW AN  
17 ORGANIZATION FUNCTIONS PROPERLY. NOT ACCEPTABLE. WITH RESPECT  
18 TO THE LOG, IT IS SOMETHING WHERE THE FACILITY HAD A LOG. IT  
19 WAS ONE OF THE THINGS THAT WAS NOT PART OF THE CHECKING, CROSS  
20 CHECKING AND INDEPENDENT CHECKING THE FACILITY HAD IN PLACE  
21 AND THE FACILITY, I BELIEVE, IS NOW LOOKING AT THAT.  
22 ANTOINETTE, YOU CAN SPEAK TO THAT.

23

24 **ANTOINETTE EPPS:** YES, WE ARE. WE HAVE PUT STEPS IN PLACE TO  
25 MAKE SURE THE LOG IS CORRECT IN THE IMMEDIATE, IMMEDIATELY



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1 AFTER THE FINDINGS. WE ALSO HAVE A LONGER TERM PLAN TO FIX IT  
2 WITH A TOTALLY AUTOMATED PROCESS THAT I BELIEVE WILL BE  
3 OPERATIONAL IN THE NEXT WEEK. IT'S A SYSTEM THAT'S AN  
4 AUTOMATED SYSTEM. IT'S CALLED ATIM. SOME OF YOU MAY HAVE HEARD  
5 OF IT.

6

7 **DR. BRUCE CHERNOF:** WHICH IS UP AND RUNNING AT OLIVE VIEW. SO  
8 WE ARE USING ONE OF OUR OWN SYSTEMS BECAUSE WE KNOW WE CAN USE  
9 IT.

10

11 **ANTOINETTE EPPS:** AND I WANT TO POINT OUT THAT THAT PROCESS WAS  
12 UNDER WAY BEFORE WE EVER RECEIVED ANY FINDINGS FROM C.M.S.,  
13 THAT WE HAVE BEEN WORKING ON THIS FOR THE LAST SEVERAL MONTHS  
14 AND IT'S JUST NOW BEING COMPLETED.

15

16 **SUP. KNABE:** THAT'S ALL. I JUST WANTED TO PIGGYBACK. I DIDN'T  
17 WANT THAT TRAINING THING TO...

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. SUPERVISOR BURKE, DO YOU  
20 WANT TO WAIT?

21

22 **SUP. BURKE:** I'LL WAIT.

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. THEN GO AHEAD, SUPERVISOR  
25 MOLINA AGAIN.





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1

2 **SUP. BURKE:** WHEN YOU'RE FINISHED, I'LL ASK MY QUESTIONS.

3

4 **SUP. MOLINA:** I'M READING THE REPORT NOW.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, SO AM I.

7

8 **SUP. MOLINA:** SO, RIGHT NOW, AS FAR AS THE PROCESS GOES, YOU  
9 ARE GOING TO DEMONSTRATE TO WHOEVER THESE FOLKS ARE, C.M.S.,  
10 THAT NOW ALL THESE PEOPLE HAVE BEEN TRAINED AND THAT THEY HAVE  
11 SIGNED OFF THAT THEY HAVE BEEN REEDUCATED, RETRAINED,  
12 WHATEVER. AND DO YOU THINK THAT THEY'RE GOING TO BELIEVE YOU?  
13 I MEAN, COULD THEY SAY WE DON'T BELIEVE YOU LIKE I'M SORT OF  
14 SAYING NOW?

15

16 **ANTOINETTE EPPS:** THEY CERTAINLY CAN SAY THAT JUST AS YOU'RE  
17 SAYING THAT.

18

19 **SUP. MOLINA:** THEY HAVE NOT A STANDARD OF WHAT THEY WANT YOU TO  
20 DO, OTHER THAN WHAT YOU'RE SAYING?

21

22 **ANTOINETTE EPPS:** NO, MA'AM, THEY ARE NOT PRESCRIPTIVE ABOUT  
23 HOW YOU DO IT. WHAT THEY SAY IS THAT YOU MUST DO IT, YOU MUST  
24 PROVIDE A LOG AND IT HAS TO MEET CERTAIN-- IT HAS TO CAPTURE  
25 ALL THE PATIENTS BUT IT'S VERY GENERAL. IT'S NOT SPECIFIC.



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1

2 **SUP. MOLINA:** SO THE DETERMINATION BY C.M.S., IT IS VERY  
3 CLINICAL IN THAT IT SAYS YOU HAVE TO DO THESE THINGS. YOU'RE  
4 GOING TO POST THE SIGN SO THEY CANNOT SAY YOU'RE NO LONGER IN  
5 IMMEDIATE JEOPARDY, CORRECT?

6

7 **ANTOINETTE EPPS:** THIS PARTICULAR 2567 IS NOT THE IMMEDIATE  
8 JEOPARDY, 2567.

9

10 **SUP. MOLINA:** WHERE IS THE IMMEDIATE JEOPARDY?

11

12 **ANTOINETTE EPPS:** WE HAVE NOT RECEIVED IT.

13

14 **DR. BRUCE CHERNOF:** THE OTHER CASE.

15

16 **SUP. MOLINA:** BUT YOU KNOW IT.

17

18 **ANTOINETTE EPPS:** HM?

19

20 **SUP. MOLINA:** YOU KNOW IT AND I ASKED FOR-- TO PRESENT A FULL  
21 REPORT OF THE RECENT STATE AND FEDERAL INVESTIGATIONS. WHAT IS  
22 IT?

23



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1   **ANTOINETTE EPPS:** I'M NOT CERTAIN-- BECAUSE I DON'T HAVE IT IN  
2   FRONT OF ME AND THEY DID NOT GIVE US ANYTHING IN WRITING AS  
3   FAR AS WHICH AREAS, I SUSPECT...

4

5   **SUP. MOLINA:** BUT WHEN THEY SAID IMMEDIATE JEOPARDY, WHAT DOES  
6   THAT MEAN? I DON'T UNDERSTAND THAT.

7

8   **ANTOINETTE EPPS:** WHEN THEY SAY IMMEDIATE JEOPARDY, WHAT THAT  
9   MEANS IS THAT THEY'VE CONDUCTED A REVIEW AND THEY ARE  
10   CONCERNED ABOUT THEIR FINDINGS IN THAT THEY DO NOT BELIEVE  
11   THAT THE SYSTEMS WERE IN PLACE AT THE TIME OF THE REVIEW WITH  
12   THE CASES THAT THEY REVIEWED THAT PROVIDED A SAFE ENVIRONMENT  
13   FOR PATIENTS AND THE FACILITY IS PLACED IN-- PATIENT SAFETY IS  
14   PLACED IN IMMEDIATE JEOPARDY.

15

16   **SUP. MOLINA:** WHAT DOES THAT MEAN? I KNOW WHAT IT MEANS TO ME  
17   BUT I DON'T KNOW WHAT IT MEANS TO YOU. WHAT DOES IT MEAN TO  
18   THE DEPARTMENT? IMMEDIATE JEOPARDY.

19

20   **ANTOINETTE EPPS:** WE HAVE TO DEMONSTRATE, WE HAVE TO PROVIDE A  
21   PLAN OF CORRECTION TO C.M.S. THAT THEY WILL ACCEPT AND FIND  
22   CREDIBLE WITHIN 23 DAYS. THAT'S WHAT IMMEDIATE JEOPARDY MEANS.

23

24   **C.A.O. JANSSEN:** VERSUS 90, WHICH IS THIS ONE.

25



**The Meeting Transcript of  
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1   **ANTOINETTE EPPS:** VERSUS 90, WHICH IS THIS ONE. THIS WAS-- THE  
2   CLOCK, IF YOU WILL, ON THIS ONE, IS 90 DAYS.

3

4   **SUP. MOLINA:** WELL, IT DOESN'T SAY THAT. IT SAYS 10 DAYS. IT  
5   SAYS BY FRIDAY.

6

7   **CLERK SACHI HAMAI:** SUPERVISOR MOLINA, IF YOU NOTE ON THE...

8

9   **SUP. MOLINA:** I'M JUST TRYING TO UNDERSTAND WHAT IT IS.

10

11   **CLERK SACHI HAMAI:** IF YOU NOTE ON THIS BOTTOM OF THE PAGE OF  
12   THE TRANSMITTAL LETTER, THEY HAVE PROJECTED A TERMINATION DATE  
13   OF SEPTEMBER 5TH OF '07. THAT'S YOUR 90 DAYS.

14

15   **SUP. MOLINA:** I UNDERSTAND. THAT'S THE TERMINATION OF THEIR  
16   MONEY TO US, OKAY? THAT'S A DIFFERENT THING, ALL RIGHT? BUT  
17   THEY SAID, IN 10 DAYS, YOU NEED TO DEMONSTRATE THAT YOU ARE  
18   SAFE IN THESE AREAS. THESE ARE VIOLATIONS. 90 DAYS THEY'RE  
19   GOING TO END GIVING US THE MONEY.

20

21   **CLERK SACHI HAMAI:** SUPERVISOR MOLINA, IF I MAY. THERE'S  
22   ACTUALLY TWO DIFFERENT PROCESSES GOING ON. I THINK WE ARE  
23   CROSSING THEM OVER.

24



**The Meeting Transcript of  
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1    **SUP. MOLINA:** AGAIN, I TRIED TO FOLLOW ALONG FROM WHAT MR.  
2    CHERNOF READ TO ME. I COULDN'T FOLLOW IT. I ASKED-- I WANTED  
3    TO UNDERSTAND EXACTLY. I KNOW WHAT I READ IN THE L.A. TIMES,  
4    OKAY? AND I FOLLOWED THAT. I WANT TO UNDERSTAND WHAT MY  
5    RESPONSIBILITY IS. I THINK I STARTED FROM THE VERY BEGINNING.  
6    I NEED A REPORT OF WHAT MY RESPONSIBILITY IS AS FAR AS PATIENT  
7    SAFETY. I'M TRYING TO FOLLOW ALONG. I DON'T KNOW.

8

9    **CLERK SACHI HAMAI:** IF I COULD EXPLAIN, SUPERVISOR. THE REPORT  
10   THAT YOU HAVE IN FRONT OF YOU IS A REPORT THAT WAS ISSUED DUE  
11   TO A ALLEGED E.M.T.A.L.A. VIOLATION. THE STATE AND FEDERAL  
12   AGENCIES HAVE CONCLUDED THAT THERE WERE E.M.T.A.L.A.  
13   VIOLATIONS WHICH WE'VE JUST DISCUSSED IN DETAIL.

14

15   **SUP. MOLINA:** THESE ARE THE EMERGENCY ROOM VIOLATIONS.

16

17   **CLERK SACHI HAMAI:** EMERGENCY ROOM, E.M.T.A.L.A. IS THE  
18   EMERGENCY MEDICAL...

19

20   **SUP. MOLINA:** IS THAT A HIGHER STANDARD OF SOME TYPE?

21

22   **CLERK SACHI HAMAI:** IT IS A SPECIFIC STANDARD THAT PERTAINS  
23   ONLY TO EMERGENCY ROOMS. SIMPLISTICALLY STATED, IT REQUIRES  
24   THAT YOU MEDICALLY EXAMINE AND TREAT, AS NECESSARY, TO  
25   STABILIZE ANY PATIENT THAT WALKS INTO YOUR EMERGENCY ROOM.



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1 IT'S DIFFERENT, SEPARATE AND APART FROM WHAT WE'VE BEEN  
2 DEALING WITH OVER THE LAST COUPLE OF YEARS, WHICH ARE  
3 VIOLATIONS OR ALLEGED VIOLATIONS OF OUR CONDITIONS OF  
4 PARTICIPATION, WHICH ARE CONDITIONS SET UP TO PARTICIPATE IN  
5 THE MEDICARE PROGRAM.

6

7 **SUP. MOLINA:** THAT IS THE ONE THAT'S IMMEDIATE JEOPARDY?

8

9 **CLERK SACHI HAMAI:** THAT IS THE ONE THAT IS IMMEDIATE JEOPARDY.  
10 THAT IS THE ONE THAT THE EXIT CONFERENCE DISCUSSED LASTED WEEK  
11 THAT WE HAVE NOT YET RECEIVED A WRITTEN STATEMENT FROM THE  
12 FEDERAL GOVERNMENT.

13

14 **SUP. MOLINA:** MS. EPPS, IN LOOKING AT THE LITTLE CARD I GAVE  
15 YOU, ON THIS, EMERGENCY ROOM VIOLATIONS, ARE THEY ON PATIENT A  
16 OR PATIENT B OR ARE THEY ON BOTH?

17

18 **ANTOINETTE EPPS:** THE ONE THAT'S DATED JUNE 5TH, THE ONE YOU  
19 WERE JUST REFERRING TO? PATIENT A.

20

21 **SUP. MOLINA:** PATIENT A. SO THE NEXT SET OF VIOLATIONS, WHICH  
22 ARE NOT EMERGENCY ROOM VIOLATIONS...

23

24 **CLERK SACHI HAMAI:** IT IS MY UNDERSTANDING THAT THE IMMEDIATE  
25 JEOPARDY FINDINGS THAT SHOULD BE ISSUED SOMETIME THIS WEEK



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1 PERTAINED TO-- AND I DON'T KNOW EVERYTHING BUT FROM WHAT I'VE  
2 HEARD, THEY PERTAIN TO THE SECOND PATIENT AND ISSUES WITH HIS  
3 TREATMENT IN THE EMERGENCY ROOM. THE CONDITIONS OF  
4 PARTICIPATION ALSO CONTAIN PROVISIONS AND REQUIREMENTS AS TO  
5 HOW YOU SHOULD OPERATE YOUR EMERGENCY ROOM. SO THERE'S OBVIOUS  
6 CROSSOVER BETWEEN E.M.T.A.L.A. AND THE CONDITIONS OF  
7 PARTICIPATION.

8

9 **SUP. MOLINA:** SEE, AND THAT'S THE PART THAT I'M TRYING SO HARD  
10 TO UNDERSTAND AND I DON'T KNOW IF PATIENT B RECEIVED A  
11 SCREENING, EITHER, BECAUSE, THAT ONE, WE HAVEN'T RECEIVED ANY  
12 REPORT. THE ONLY THING WE'VE GOTTEN IS WHAT WE'VE READ IN THE  
13 PAPER. WE HAVEN'T PHYSICALLY GOTTEN ANY INFORMATION. I DON'T  
14 HAVE A VIDEOTAPE OF THAT ONE AT ALL OR ANY OUTLINE.

15

16 **CLERK SACHI HAMAI:** SUPERVISOR, AGAIN, AND I WOULD ASK DR.  
17 CHERNOF TO CORRECT ME IF I'M WRONG BECAUSE I'M SPEAKING A  
18 LITTLE THIRD HAND HERE, BUT MY UNDERSTANDING IS THAT WHAT WE  
19 ANTICIPATE THE FINDINGS TO BE ON THE FINDINGS OF PARTICIPATION  
20 ON THE IMMEDIATE JEOPARDY DO NOT RELATE TO A FAILURE TO  
21 EXAMINE. THEY REVOLVE OR ARE RELATED TO OUR TRANSFER EFFORTS  
22 REGARDING THAT PATIENT AND THE LENGTH OF TIME HE WAS WAITING  
23 OR WAS IN THE HOLDING AREA OF THE EMERGENCY ROOM. THAT'S MY  
24 UNDERSTANDING.

25





**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1    **DR. BRUCE CHERNOF:** THAT'S CORRECT.

2

3    **SUP. MOLINA:** SO JUST PUT-- TO JUST GET THE ANSWER TO THE FIRST  
4    QUESTION AS FAR AS PROCESS. ON FRIDAY, WE'RE GOING TO SUBMIT  
5    THIS INFORMATION AND TELL THEM THESE ARE THE CORRECTIONS AND  
6    THEN THEY HAVE 90 DAYS TO FIGURE IT OUT, YES/NO, MAYBE,  
7    POSSIBLY. THAT'S ONE OVERLAY. THAT'S WHAT YOU TOLD ME.

8

9    **ANTOINETTE EPPS:** YES. AND, IN ADDITION, WE TELL THEM WHAT WE  
10    DID TO FIX IT. WE TELL THEM HOW WE'RE GOING TO MONITOR IT AND  
11    WE TELL THEM WHAT THE EXPECTED OUTCOME IS.

12

13    **SUP. MOLINA:** ALL RIGHT. AND THAT ASSURES THEM. THEN, AT THE  
14    SAME TIME...

15

16    **C.A.O. JANSSEN:** THEY'LL COME IN AND REVIEW. THEY'RE NOT GOING  
17    TO ACCEPT OUR WORD. THEY'RE GOING TO COME IN...

18

19    **ANTOINETTE EPPS:** THEY'RE GOING TO COME LOOK.

20

21    **SUP. MOLINA:** BUT WHAT COULD THEY LOOK AT, THE SIGN'S UP?

22

23    **C.A.O. JANSSEN:** WELL, THAT'S ALL WE HAVE TO DO IS PUT A SIGN  
24    UP.

25



**The Meeting Transcript of  
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1   **SUP. MOLINA:** AND, BOY, IF YOU MISS THAT ONE, FOLKS, YOU DON'T  
2   EVEN WANT TO SHOW UP THAT DAY, OKAY?

3

4   **ANTOINETTE EPPS:** THEY'RE GOING TO LOOK AT THE SIGNS. WHEN THEY  
5   COME IN AND DO AN INSPECTION, THEY HAVE A PRESCRIBED SORT OF A  
6   SCRIPT THAT THEY GO BY. THERE'S SO MANY CHARTS THAT THEY PULL.  
7   THEY LOOK FOR CERTAIN TYPES OF CHARTS. THEY RANDOMLY ARE  
8   LOOKING TO SEE THAT THE PROCESS IS IN PLACE.

9

10   **SUP. MOLINA:** NO, I UNDERSTAND THAT BUT WHY WOULD-- IF THEY  
11   SAID, "FIX THESE FOUR THINGS," YOU MEAN THAT WE'RE GOING TO GO  
12   THROUGH A TOTAL REVIEW THAT DAY?

13

14   **ANTOINETTE EPPS:** I'M SORRY?

15

16   **C.A.O. JANSSEN:** WILL THEY DO A TOTAL REVIEW?

17

18   **SUP. MOLINA:** YOU WERE SAYING SOMETHING DIFFERENT BECAUSE--  
19   YEAH? THEY PULL DIFFERENT RECORDS?

20

21   **ANTOINETTE EPPS:** THEY WILL PULL DIFFERENT RECORDS. THEY WILL  
22   LOOK TO SEE THAT THE FIXES WE TELL THEM WE'VE PUT IN PLACE ARE  
23   INDEED IN PLACE AND THAT THEY CAN FIND EVIDENCE OF THAT BY  
24   LOOKING IN THE CHARTS AND WHAT'S HAPPENED TO THE PATIENTS  
25   SUBSEQUENTLY AFTER WE SAY WE'VE MADE THESE CHANGES.



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1

2 **SUP. MOLINA:** ALL RIGHT. THEN LET ME MAKE SURE I UNDERSTAND  
3 THIS CORRECTLY BECAUSE I'M NOT SURE WHAT WE'RE SUBMITTING AND  
4 I'M LOOKING FORWARD TO READING IT ON FRIDAY. BUT LET ME  
5 UNDERSTAND CLEARLY. SO, ON THE LAST ONE, THIS E.R. LOG, ON  
6 THAT ONE, THEY WOULD ONLY PULL RECORDS FROM THE DAY THEY CITED  
7 YOU, CORRECT? THEY WOULDN'T PULL RECORDS FROM JANUARY 27TH?

8

9 **ANTOINETTE EPPS:** IN ORDER TO-- WHAT THEY'RE COMING TO JUDGE IS  
10 WHETHER THE FIXES WE TELL THEM WE PUT IN PLACE ARE IN PLACE.  
11 SO THEY WILL BE LOOKING FROM THE DATE THAT WE TELL THEM THAT  
12 WE HAVE PUT THESE FIXES IN PLACE TO MAKE SURE THAT THEY ARE  
13 THERE.

14

15 **SUP. MOLINA:** AND THAT DAY BEING? SINCE YOU JUST RECEIVED THIS  
16 LETTER, IT WOULD BE FROM, WHAT? JUNE 1ST, JUNE 3RD?

17

18 **ANTOINETTE EPPS:** IT COULD GO BACK TO THE MIDDLE OF MAY BECAUSE  
19 WE'VE KNOWN ABOUT SOME OF THESE SINCE THE MIDDLE OF MAY.

20

21 **SUP. MOLINA:** BUT THEY'RE NOT GOING TO PUT ANYTHING FROM  
22 JANUARY 27TH?

23

24 **ANTOINETTE EPPS:** I DOUBT IT. BUT THEY COULD IF THERE WAS SOME  
25 ISSUE THAT THEY WANTED TO LOOK AT. IT'S POSSIBLE THAT THEY



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1 COULD PULL OLDER RECORDS BUT IT WOULDN'T BE ON THIS SPECIFIC  
2 ISSUE.

3

4 **SUP. MOLINA:** ALL RIGHT. LET'S STAY WITH THIS ISSUE. THERE'S  
5 ALWAYS SOMETHING COME BACK AND THEY MIGHT FIND DUST, YOU KNOW,  
6 AND SOMETHING ELSE. BUT I'M TALKING ABOUT THESE FOUR. SO THESE  
7 FOUR IS THAT THEY ARE NOW GOING TO PULL RECORDS, LET'S SAY,  
8 FROM MAY 27TH TO TODAY, LET'S JUST ASSUME THAT. THEY'RE GOING  
9 TO GO REVIEW THOSE RECORDS. AND WHAT WILL MATCH IS WHAT WAS  
10 WRITTEN IN THE WRITTEN E.R. LOG AND NOW THE COMPUTERIZED E.R.  
11 LOG. IT WILL BE THE SAME.

12

13 **ANTOINETTE EPPS:** YES, MA'AM.

14

15 **SUP. MOLINA:** OKAY. ANTOINETTE, DO YOU HAVE SOMEBODY WHO IS IN  
16 THERE PROACTIVELY READING ALL OF THESE RECORDS TO GUARANTEE  
17 THAT THAT'S GOING TO HAPPEN?

18

19 **ANTOINETTE EPPS:** EVERYBODY KEEPS ASKING ME TO GIVE THEM A  
20 GUARANTEE. SUPERVISOR, I CAN'T GIVE YOU A GUARANTEE OF  
21 ANYTHING. I CAN TELL YOU EVERYTHING THAT WE'RE DOING. AND YES,  
22 MA'AM, THERE'S SOMEBODY LOOKING AT EVERY RECORD THAT COMES OUT  
23 OF THAT, YES, MA'AM.

24



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1   **SUP. MOLINA:** THAT'S WHAT I ASKED. WHAT I WANT IS, IT SEEMS AS  
2   THOUGH WE SHOULD HIRE A PROOFREADER. HONESTLY, THIS IS NOT A  
3   RIDICULOUS REQUEST. IF THAT'S WHAT THEY'RE SAYING AND THEY'RE  
4   VIOLATING, WE NEED A PROOFREADER WHO IS GOING TO GO AND LOOK  
5   AT THE WRITTEN RECORD AND THEN READ THE THING AND SAY IT  
6   MATCHES. THEY COULDN'T POSSIBLY FIND AN ERROR HERE. THAT'S  
7   NUMBER ONE. NOW THE ONE THAT IS MORE TROUBLING FOR ME OVERALL,  
8   I MEAN, I REALLY WOULD MAKE THE RECOMMENDATION TO YOU ALL AND  
9   IF YOU'RE NOT GOING TO TAKE IT, THAT'S FINE BUT THAT'S A  
10   DIFFERENT ISSUE. IS THE MEDICAL SCREENING EXAM. THAT IS THE  
11   MORE TROUBLING PART OF IT. BECAUSE THERE GOES DIRECTLY, TO ME,  
12   TO PATIENT CARE.

13

14   **ANTOINETTE EPPS:** CORRECT.

15

16   **SUP. MOLINA:** AND SO I WOULD ALSO ASSUME, AND THAT RAISES THE  
17   ISSUE OF THE DOCTORS, DR. CHERNOF CAME TO US AND SAID, "WE'RE  
18   CONTRACTING OUT DOCS. THESE ARE DOCTORS THAT GO TO CEDAR  
19   SINAI, THEY GO TO HUNTINGTON, THEY GO EVERYWHERE. YOU CAN  
20   TRUST THESE DOCS." I REMEMBER THAT. NOW, THESE DOCS KNOW WHAT  
21   THE PROCEDURES ARE UNDER E.M.T.A.L.A., RIGHT?

22

23   **ANTOINETTE EPPS:** YES. E.M.T.A.L.A.

24



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1   **SUP. MOLINA:** ALL RIGHT. SO HOW ARE WE-- I MEAN, THEY SEEM TO  
2   KNOW IT AND YET WE MISSED IT AND, YOU KNOW, I KNOW YOU'RE  
3   PUTTING IT ON THE TRIAGE NURSE BUT YOU NOW ARE GOING TO HAVE  
4   THAT EVERY SINGLE PATIENT BETWEEN, I'M GUESSING MAY 27TH TO  
5   JUNE THE 15TH IS GOING TO HAVE "A MEDICAL SCREENING EXAM"?

6

7   **ANTOINETTE EPPS:** YES, MA'AM.

8

9   **SUP. MOLINA:** THEY ARE?

10

11   **ANTOINETTE EPPS:** YES.

12

13   **SUP. MOLINA:** I WOULD ALSO RECOMMEND THAT YOU GET A DOC TO  
14   REVIEW THOSE RECORDS.

15

16   **ANTOINETTE EPPS:** THE DOCTORS DO REVIEW THE RECORDS. AS A  
17   MATTER OF FACT, OUR EMERGENCY ROOM...

18

19   **SUP. MOLINA:** NO, I KNOW THEY DO IT BUT THEY DON'T DO IT  
20   BECAUSE PATIENT B IS GOING TO BE CITED TO PATIENT A IS CITED.  
21   SO YOU SAY THAT BUT, DO YOU UNDERSTAND, MS. EPPS, I DON'T BUY  
22   IT. I THINK YOU NEED SOMEBODY SEPARATE. THERE'S SOMEBODY SUGAR  
23   COATING THIS STUFF EITHER FOR YOU OR FOR ME.

24



**The Meeting Transcript of  
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1   **ANTOINETTE EPPS:** IT'S NOT SUGAR COATED. WHAT WE DO IN THE  
2   EMERGENCY DEPARTMENT HAS DEFINITELY EVOLVED. AND WHEN YOU READ  
3   THROUGH DR. CHERNOF'S REMARKS AT YOUR LEISURE, YOU WILL SEE  
4   THAT HE DESCRIBES THE PROCESS. FEBRUARY WAS THE MONTH THAT ALL  
5   OF THE BEDS THAT WE HAD TO CLOSE DOWN WERE EVENTUALLY CLOSED.  
6   AND THE CASE THAT YOU HAVE IN MIND HAPPENED RIGHT AT THE END  
7   OF FEBRUARY, JUST AS WE WERE GETTING...

8

9   **SUP. MOLINA:** PATIENT B?

10

11   **ANTOINETTE EPPS:** YES, MA'AM. JUST AS WE WERE GETTING READY TO  
12   MOVE TO THE METRO CARE MODEL OR THE MARCH THE FIRST DEADLINE  
13   AND THERE WERE SERVICES THAT WERE NOT AVAILABLE AT KING. AND  
14   WHEN THIS BECAME APPARENT TO US, WE STARTED A PROCESS VERY  
15   SHORTLY AFTER THIS CASE OF FIGURING OUT HOW TO MAKE SURE THAT  
16   THIS HAPPENS THE WAY THAT IT SHOULD, WHETHER IT'S A TRANSFER  
17   OR WHATEVER SERVICES THAT THAT PARTICULAR PATIENT OR ANY OTHER  
18   PATIENT MIGHT NEED. IN ADDITION TO THAT, THE DOCTORS DO--  
19   THEY'VE CONTINUED TO EVOLVE WHAT THEY DO. HOW THEY REVIEW  
20   CARE, HOW THEY PROVIDE NOTES AND SO FORTH. IN THE URGENT CARE  
21   CENTER, ONE OF THE THINGS THAT THEY DO IS THEY DO EVERY TWO-  
22   HOUR ROUNDS TO MAKE SURE AND LOOK IN THE EMERGENCY ROOM  
23   WAITING AREA TO MAKE SURE THAT PATIENTS AREN'T WAITING AN  
24   EXTENDED PERIOD OF TIME. THAT'S ALSO A REQUIREMENT OF OUR  
25   HOUSE SUPERVISORS, THAT THEY GO AND LOOK PHYSICALLY, NOT TAKE





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1   SOMEBODY'S WORD FOR IT BUT ACTUALLY GO LOOK AND SEE WHAT  
2   PATIENTS ARE WAITING. AND THAT'S A REQUIREMENT THAT HAPPENS 24  
3   HOURS A DAY, 7 DAYS A WEEK THAT WAS NOT IN PLACE IN FEBRUARY.  
4   WE DIDN'T KNOW THAT WE NEEDED TO HAVE IT IN PLACE AT THAT  
5   TIME.

6

7   **SUP. MOLINA:** I UNDERSTAND. ALL RIGHT, BUT THE POINT IS THAT  
8   IT'S GOING TO BE IN PLACE NOW. I WISH I COULD BUY IT. I DON'T  
9   BUY IT COMPLETELY, AS YOU CAN TELL.

10

11   **C.A.O. JANSSEN:** SUPERVISOR MOLINA, I WANT TO REITERATE. ON  
12   PAGE 6 OF THE C.M.S. DOCUMENT, THEY'VE REVIEWED 27 CASES. 26  
13   HAD MEDICAL EXAMS. SO THEY ONLY FOUND ONE THAT DIDN'T. SO IT'S  
14   NOT LIKE EVERYBODY THAT GOES THERE DOESN'T GET A MEDICAL EXAM.  
15   THAT'S JUST WHEN THEY WERE HERE, 26 OF 27 HAD THE PROPER  
16   EXAMS. THIS ONE CASE, CASE A, AS YOU WELL KNOW, IS A TOTALLY  
17   SEPARATE STORY ABOUT THE COMPLEXITY, WHICH IS DISCUSSED IN  
18   THIS DOCUMENT LATER.

19

20   **SUP. MOLINA:** MR. JANSSEN, WOULD YOU HAVE LIKED TO BE PATIENT  
21   27?

22

23   **C.A.O. JANSSEN:** I AM NOT PERFECT. NO HOSPITAL IS PERFECT.  
24   MISTAKES ARE MADE. I THINK THE POINT...

25



**The Meeting Transcript of  
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1   **SUP. MOLINA:** WELL, BUT THE POINT-- THE ISSUE IS, IT'S NOT  
2   ABOUT PERFECTION.

3

4   **C.A.O. JANSSEN:** IT IS ABOUT PERFECTION.

5

6   **SUP. MOLINA:** NO, IT IS. NO, EXCUSE ME, IT'S NOT. PERFECTION IS  
7   A DIFFERENT THING. WE ARE NOT TALKING ABOUT THE QUALITY OF  
8   THAT SCREENING. WE'RE NOT TALKING ABOUT THE QUALITY OF THAT  
9   SCREENING. WE'RE TALKING ABOUT THE FACT THAT THEY DIDN'T GET  
10  IT.

11

12  **C.A.O. JANSSEN:** 26 DID.

13

14  **SUP. MOLINA:** WELL, THANK YOU. I'M JUST SAYING, I DON'T THINK  
15  WE WANT ANYONE TO BE THE 27TH PATIENT, WHICH IS THE ISSUE THAT  
16  IS BEFORE US. WHICH IS WHAT WE'RE BEING TESTED ON. IT ISN'T  
17  ABOUT-- AND DR. CHERNOF SAID IT EARLIER. IT IS NOT ABOUT WE  
18  ARE IMPROVING. WE ARE BEYOND THAT. I MEAN WE ARE-- EITHER YOU  
19  PASSED IT OR YOU DON'T PASS IT. AND MY ISSUE IS THE ISSUE OF  
20  QUALITY. WE ARE NOT SUPPOSED TO BE MAKING A GOOD ATTEMPT AT  
21  TRYING TO MEET THE REGULATIONS 99 PERCENT OF THE TIME. WE'RE  
22  SUPPOSED TO MEET THE REGULATIONS. AND IF WE CAN'T MEET THE  
23  REGULATIONS, WE NEED TO BE TOLD WE CAN'T MEET THEM. AND THAT'S  
24  WHAT I'M-- THAT'S THE POINT OF THIS DISCUSSION NOW. AND I AM  
25  TRYING TO TELL YOU IT'S ONE THING FOR WHAT THE FEDS WANT. I



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1 WANT TO UNDERSTAND WHAT I CONSIDER TO BE BASIC RESPONSIBILITY  
2 TO CARE. I WOULD ASSUME THAT, IF IT IS WRITTEN SOMEWHERE, THAT  
3 IF YOU WALK INTO AN EMERGENCY ROOM AND YOU'RE SUPPOSED TO GET  
4 ONE, THEN YOU SHOULD GET ONE. IN THIS INSTANCE, THEY DIDN'T  
5 GET ONE.

6

7 **C.A.O. JANSSEN:** BUT THEY HAD ONE SIX HOURS BEFORE AND THEY HAD  
8 FIVE BEFORE THAT. IT IS NOT-- IT IS AN UNUSUAL CASE, THAT'S  
9 THE POINT. I THINK THAT'S THE POINT.

10

11 **SUP. MOLINA:** VERY UNUSUAL CASE. THE POINT IS THAT-- AND I  
12 UNDERSTAND THAT. YOU HAVE BETTER TOLERANCE THAN I DO FOR SOME  
13 OF THIS. MY ISSUE IS, AND IT WAS THREE AND FOUR YEARS AGO WHEN  
14 I CALLED YOU ON DECEMBER THE 24TH WHEN I SAW THESE DEATHS AT  
15 MARTIN LUTHER KING, THAT I WAS TROUBLED BY SO MANY, ALL RIGHT?  
16 I THINK IT GOES TO THE WHOLE ISSUE OF, AT WHAT POINT IN TIME  
17 ARE WE GETTING ASSURANCES OF SAFETY? I'M LOOKING AT SOMETHING  
18 AND I DON'T KNOW IF THIS IS A GOOD EVALUATION OR NOT A GOOD  
19 EVALUATION. I'M TRYING TO FIND OUT ARE THEY GOING TO PULL MORE  
20 RECORDS. I FIND OUT FROM THE L.A. TIMES MORE SO THAN I FIND  
21 OUT FROM MY OWN DEPARTMENT. I WANT TO KNOW THESE THINGS  
22 BECAUSE THERE'S PEOPLE OUT THERE SAYING THAT WE ARE  
23 MAINTAINING THESE FACILITIES AND, VERY FRANKLY, PEOPLE  
24 SHOULDN'T BE GOING THERE. THE ISSUE FOR ME IS, I NEED TO KEEP  
25 THIS FACILITY OPEN BECAUSE THESE ARE INDIGENT PEOPLE. THESE



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1 ARE POOR PEOPLE THAT HAVE NO OTHER ACCESS TO HEALTHCARE. BUT  
2 MY JOB, AS WELL, IS TO SAY, JUST BECAUSE YOU'RE POOR, THAT  
3 DOESN'T MEAN THAT YOU ARE A HIT AND MISS AND A SUBSTANDARD OF  
4 CARE. THAT DOESN'T MEAN THERE IS NOT THESE ISSUES AT CEDAR  
5 SINAI OR AT HUNTINGTON OR OTHER AREAS BUT WE ARE UNDER THE  
6 MICROSCOPE NOW AND I AM NOT RESPONSIBLE FOR THOSE. I'M  
7 RESPONSIBLE FOR THIS ONE. AND I WANT TO UNDERSTAND IT BECAUSE  
8 IT WAS SO TROUBLING, IT WAS SO BAD, IT WASN'T JUST ONE NURSE,  
9 TRIAGE NURSE THAT MISSED HER. IT WAS A CUSTODIAN. IT WAS  
10 PEOPLE WALKING AROUND HER. IT WAS ABOUT, YOU KNOW, 9-1-1  
11 REPORTER SAYING, "TOUGH LUCK, YOU'RE IN A HOSPITAL, YOU AIN'T  
12 GETTING ANY MORE HELP FROM US." IT IS BEYOND THAT. AND SO I  
13 WANT THOSE ASSURANCES AND THAT'S WHAT I'M TRYING TO GET AT.  
14 NOBODY HERE THAT WE CAN'T BE BLAMING ANYBODY, IT'S NOT THAT.  
15 IT'S JUST THAT I HAVE A DUTY AND I'M TRYING TO GET TO THE  
16 BOTTOM OF IT. SO I WANT TO UNDERSTAND WHAT WE ARE SUBMITTING.  
17 AND, ON FRIDAY, I WANT TO SEE THE REPORT. AND, IF WE ARE GOING  
18 TO ASK FOR AN EXTENSION, YOU BETTER LET ME KNOW NOW.

19

20 **ANTOINETTE EPPS:** WE CAN'T EXT-- WE'RE NOT GOING TO ASK FOR AN  
21 EXTENSION. WE WON'T BE ASKING FOR AN EXTENSION.

22

23 **SUP. MOLINA:** WELL, I BETTER SEE THAT REPORT BECAUSE THIS GOES  
24 TO THE ISSUE OF NUMBER TWO. AT THE SAME TIME AND I KNOW MS.  
25 EPPS AND DR. CHERNOF, YOU ARE BUSY RUNNING AHEAD OF THIS THING



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1 TO GET THIS DONE. I CAN'T IMAGINE I'M WASTING YOUR TIME NOW  
2 BUT IT'S IMPORTANT THAT YOU ASSURE ME AS WELL THAT YOU SHOULD  
3 BE OVER THERE TYPING UP ALL THESE CORRECTIONS, TRAINING ALL  
4 THIS PERSONNEL, RUNNING AROUND AND HOPEFULLY MOTIVATING PEOPLE  
5 TO DO BETTER EVERY DAY, AS YOU ARE DOING ALL OF THE TIME. BUT,  
6 VERY FRANKLY, I STILL THINK THAT YOU HAVE TO HONOR NUMBER 2.  
7 AT THE SAME TIME, YOU HAVE TO PRESENT US CONTINGENCY PLANS  
8 BECAUSE FRIDAY, MONDAY, NEXT WEEK, 90 DAYS THEY WILL CLOSE  
9 THIS. WHAT IS OUR PLAN? WE NEED SOMETHING. PEOPLE THAT  
10 TESTIFIED BEFOREHAND SAID THAT THIS IS A HOSPITAL THAT NEEDS  
11 TO BE THERE. THEY ARE BEDS THAT WE NEED TO SAVE. IF WE'RE  
12 GOING TO-- HOW ARE WE GOING TO DO IT? WE NEED THAT CONTINGENCY  
13 PLAN. IT NEEDS TO BE PRESENTED PUBLICLY. SO THAT'S WHAT NUMBER  
14 2 IS ABOUT. SECOND OF ALL AND BY THE WAY, I'D REALLY LIKE TO  
15 HEAR FROM HARBOR SOMEWHERE IN THERE BECAUSE WE WERE ALL  
16 ASSURED THAT HARBOR WOULD BE SUPERVISING HERE. AND THEY, LIKE,  
17 ARE NOT ANYWHERE IN THIS PROCESS, WHETHER IT BE THE MEDICAL  
18 DIRECTOR, THE ADMINISTRATOR, THE HEAD SUPERVISING NURSE. AND I  
19 DON'T KNOW HOW YOU WANT TO DO IT BUT I'M NOT ASSURED THAT WE  
20 ARE NOT, IN FACT-- THAT WE SAID, YOU KNOW, "OH, LOOK, IT'S  
21 GOING TO BE NOW M.L.K.-HARBOR." I MEAN, IS THAT JUST A FACADE  
22 OR IS THAT REAL? IT LOOKS LIKE A FACADE TO ME. NUMBER THREE,  
23 THIS IS THE MOST IMPORTANT AND I KNOW IT SOUNDS VERY  
24 CONTROVERSIAL, IT MADE MANY PEOPLE EXPRESS CONCERN. AND THAT  
25 IS TO DIRECT THE DEPARTMENT TO DEVELOP A PLAN FOR NEXT WEEK ON



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1 THE 19TH THAT BEGINS DIVERTING PATIENTS TO APPROPRIATE  
2 HEALTHCARE FACILITIES IN THE SURROUNDING COMMUNITY OR OTHER  
3 PUBLIC HOSPITALS. THIS IS A VERY IMPORTANT COMPONENT BECAUSE I  
4 DON'T KNOW IF THEY'RE GOING TO CLOSE US OR NOT. I DON'T KNOW.  
5 BUT WE BETTER KNOW THAT, IF THEY CAME IN AND CLOSED US NEXT  
6 WEEK, PULL OUR LICENSE NEXT WEEK OR WHATEVER, I NEED TO KNOW  
7 WHERE YOU'RE GOING TO PUT THOSE PATIENTS. WE CAN'T JUST BE  
8 CLOSED DOWN BY THE FEDS AND WE CAN SIT THERE AND SAY, "OH,  
9 WHAT DO WE DO?" THAT DAY. I WOULD RATHER KNOW BEFOREHAND,  
10 WE'RE EITHER GOING TO BUY THESE BEDS, WE'RE GOING TO GO AND  
11 MAKE ROOM HERE, WE'RE GOING TO CONTRACT WITH THIS HOSPITAL. I  
12 NEED TO KNOW. I DON'T KNOW THAT YOU KNOW NOW, BUT I'M ASKING  
13 THAT NEXT WEEK YOU PRESENT A PLAN TO US AS TO WHAT THAT WOULD  
14 BE. NOW, TO ME, BECAUSE DOUBLE JEOPARDY AND IMMEDIATE JEOPARDY  
15 MEANS SOMETHING TO ME. THAT MEANS THE JEOPARDY THAT WE MAY NOT  
16 HAVE THAT BED THERE AND THOSE PATIENTS ARE STILL GOING TO COME  
17 THERE. THEY NEED THAT HOSPITAL. THEY WOULDN'T GO THERE IF THEY  
18 DIDN'T NEED IT. AND SO, CONSEQUENTLY, I HOPE THAT, UNDER  
19 NUMBER THREE, THAT YOU WILL GIVE US A PLAN. IT MAY NOT BE A  
20 COMPLETE PLAN BUT AT LEAST THE BEGINNINGS OF AN OUTLINE OF  
21 WHAT WE'RE GOING TO DO SHOULD WE BE CLOSED.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** IF I CAN JUST SPEAK TO THIS THIRD  
24 POINT. FIRST OF ALL, I THINK WE OUGHT TO, IN THE SPIRIT OF  
25 FULL DISCLOSURE, WE HAVE BEEN TALKING TO YOU FOR QUITE AWHILE,



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1 BOTH MYSELF AND I'M SURE OTHER MEMBERS INDIVIDUALLY ABOUT  
2 CONTINGENCY PLANS. I HAVE BEEN TALKING TO YOU ABOUT THIS FOR A  
3 LONG TIME, MONTHS AND MONTHS, IF NOT LONGER, "WHAT IF"  
4 SITUATIONS. AND I HAVE TO SAY, ASIDE FROM EVERYTHING ELSE,  
5 THAT YOU HAVE BEEN ATTENTIVE TO THAT ISSUE. AND, TO USE MY  
6 PHRASEOLOGY, HOPE FOR THE BEST AND PREPARE FOR THE WORST. OR  
7 PREPARE FOR THE BEST AND PREPARE FOR THE WORST. YOU HAVE DONE  
8 THAT, INCLUDING THE ISSUE OF WHAT HAPPENS IF WE FAIL THE  
9 C.M.S. TEST. FORGET THE E.M.T.A.L.A. THING. YOU'RE GOING TO  
10 HAVE TO DEAL-- I MEAN, DON'T FORGET IT BUT YOU'RE GOING TO  
11 DEAL WITH THAT IN A SHORTER PERIOD OF TIME. THE REAL, THE BIG  
12 PICTURE HAS BEEN THE C.M.S. REVIEW THAT IS SUPPOSED TO  
13 COMMENCE IN JULY IS WHAT I THOUGHT WE WERE SHOOTING FOR AND  
14 THEY WERE SHOOTING FOR. AND YOU HAVE ALREADY PROVIDED US WITH  
15 OPTIONS, WITH A SET OF OPTIONS OF WHAT HAPPENS IF WE DON'T  
16 PASS THE C.M.S. INSPECTION AND YOU HAVE PRINCIPALLY TWO  
17 OPTIONS. I WON'T DETAIL THEM NOW BUT YOU HAVE BASICALLY TWO  
18 OPTIONS. SO I DON'T THINK THAT ISSUE IS NEW. I'LL LEAVE IT UP  
19 TO EVERYBODY ELSE AS TO HOW WE'RE GOING TO DEAL WITH THIS. THE  
20 THIRD POINT, I READ IT DIFFERENTLY THAN-- WELL, I DON'T KNOW  
21 DIFFERENTLY BUT I READ IT TO MEAN TO PREPARE A PLAN NEXT WEEK  
22 THAT WILL-- I'LL READ IT-- THAT, "WILL IMMEDIATELY BEGIN  
23 DIVERTING PATIENTS FROM M.L.K.-HARBOR HOSPITAL TO APPROPRIATE  
24 HEALTHCARE FACILITIES." IT DOESN'T SAY IF WE FAIL THE C.M.S.  
25 TEST, DOESN'T SAY ANY OF THAT. JUST SAYS, PRESENT A PLAN NEXT





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1 WEEK ON THE 19TH AND BEGIN IMMEDIATELY TO TRANSFER PATIENTS.  
2 IF THAT'S WHAT IS INTENDED, THEN I WANT TO MAKE SURE WE  
3 UNDERSTAND THAT. I'VE HEARD TWO DIFFERENT THINGS. THAT THAT'S  
4 NOT WHAT WAS INTENDED. THAT IT WAS JUST A CONTINGENCY PLAN. IF  
5 IT'S A CONTINGENCY PLAN, THEN THAT OUGHT TO BE COVERED IN  
6 POINT 2 OF SUPERVISOR MOLINA'S MOTION WHICH ASKS-- OR IS IT  
7 ONE...

8

9 **C.A.O. JANSSEN:** 2.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** 2. THAT ASKED TO PRESENT  
12 CONTINGENCY PLANS FOR DISCUSSION. ACTUALLY IT WAS TODAY BUT  
13 AND-- IF YOU HAD TO, AND IF THE BOARD WANTED YOU GO, I THINK  
14 YOU WOULD BE PREPARED TO DISCUSS THOSE CONTINGENCY PLANS, AS  
15 YOU DID WITH US LAST WEEK AND THE WEEK BEFORE IN CLOSED  
16 SESSION AND AS YOU HAVE INDIVIDUALLY WITH US OVER A PERIOD OF  
17 MONTHS. SO I AM NOT PREPARED TODAY TO SAY THAT, ON JUNE 19TH  
18 OR 20TH, WE SHOULD START TRANSFERRING PATIENTS. IF THAT'S WHAT  
19 WE ARE PREPARED TO DO, THEN WE ALSO OUGHT TO LET C.M.S. KNOW  
20 WE'RE OUT OF HERE. NO NEED TO GO THROUGH A C.M.S. REVIEW. AND  
21 IF ITEM 3 IS TO DO WHAT ONE OF YOUR OPTIONS MAY BE, WHICH IS  
22 TO CLOSE THE FACILITY AND START OVER AGAIN IN SOME ITERATION  
23 OR PLACE PEOPLE IN ANOTHER ITERATION, THEN THAT'S WHAT WE-- I  
24 DON'T THINK THAT'S WHAT WE WANT TO DO. IT'S NOT WHAT I WANT TO  
25 DO. I'M NOT A HAPPY CAMPER ABOUT WHAT HAS HAPPENED HERE IN THE



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1 LAST COUPLE OF MONTHS OR MONTH FOR A VARIETY OF REASONS BUT I  
2 ALSO BELIEVE THAT WE HAVE, AS A BOARD INVESTED, I THINK  
3 SUPERVISOR MOLINA SAID IT AT THE OUTSET, SHE'S ABSOLUTELY  
4 CORRECT THAT WE HAVE DONE VIRTUALLY EVERYTHING-- NOT  
5 VIRTUALLY, WE HAVE DONE EVERYTHING THAT WE HAVE BEEN ASKED TO  
6 DO AND THEN SOME. WE HAVE SPENT TENS OF MILLIONS OF DOLLARS  
7 FROM THE BEGINNING OF THIS CRISIS, APPROACHING PROBABLY \$100  
8 MILLION IN EXTRA MONEY NOW OVER THIS HOSPITAL TO TRY TO RIGHT  
9 THIS SHIP. AND, BASED ON WHAT YOU HAVE INFORMED US, YOU HAVE  
10 INFORMED US, ANTOINETTE, BOTH CHERNOF AND MS. EPPS, THAT  
11 PROGRESS HAS BEEN MADE, THAT IMPROVEMENTS HAVE BEEN MADE. I  
12 THINK SINCE WE'RE, WHAT, THREE WEEKS AWAY FROM-- IS THAT ABOUT  
13 WHEN WE EXPECT THE C.M.S. OVERVIEW INSPECTION WITH RESPECT TO  
14 THEIR CONTRACT WITH US AT M.L.K. IS CONCERNED, TO START?

15

16 **DR. BRUCE CHERNOF:** SUPERVISOR, WE EXPECT THEM SOMETIME IN THE  
17 MIDDLE TO END OF JULY. MIDDLE OF JULY. ABOUT FOUR WEEKS.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, IT WASN'T THE END OF JULY  
20 BECAUSE I THINK THAT OUR EXTENSION WITH THEM ONLY EXTENDS  
21 'TIL...

22

23 **DR. BRUCE CHERNOF:** SUPERVISOR, WE HAVE TO TELL THEM BEFORE  
24 JULY 9TH THAT WE ARE PREPARED FOR A SURVEY AND THEY WILL COME  
25 SOME TIME AFTER THAT SO SOMETIME IN JULY. I CAN'T PREDICT WHEN



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1 THEY WILL COME BECAUSE IT WILL BE AN UNANNOUNCED SURVEY. I  
2 THINK WE'RE-- FUNCTIONALLY, I THINK WE'RE FOUR WEEKS AWAY.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** SO IT'S SOMETIME ON OR BEFORE THE  
5 NINTH OF JULY THAT WE HAVE TO LET THEM KNOW WE'RE READY?

6

7 **DR. BRUCE CHERNOF:** THAT'S CORRECT.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH. BECAUSE THE JULY FIRST DATE  
10 IS THE ONE THAT RINGS IN MY...

11

12 **DR. BRUCE CHERNOF:** THAT'S THE ONE WHERE WE SAID WE WOULD BE  
13 READY AND THEY HAVE GIVEN US UNTIL THE NINTH TO FORMALLY...

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. SO THAT'S-- I MEAN, THAT'S--  
16 I THINK WE OWE IT TO OURSELVES TO SEE OUR WAY THROUGH THIS  
17 PROCESS. AND LET ME JUST ASK YOU THE QUESTION. I MEAN, THE  
18 QUESTION OF-- THAT SUPERVISOR MOLINA RAISED, SHE DOESN'T HAVE  
19 CONFIDENCE IN THE QUALITY OF CARE AT THIS HOSPITAL OR-- THOSE  
20 ARE HER WORDS. OR I'LL USE MY OWN WORDS, THE SAFETY OF THIS  
21 HOSPITAL. THAT'S THE QUESTION THAT EVERY COMMONSENSICAL PERSON  
22 WOULD ASK. ARE YOU CONFIDENT THAT, BETWEEN NOW AND SEPTEMBER,  
23 BETWEEN NOW AND THE TIME THIS-- THAT WE ARE LIKELY TO GET A  
24 RESULT ON THE C.M.S. SURVEY, THAT THE QUALITY OF CARE IS



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1 SUFFICIENT AT KING HARBOR HOSPITAL, THAT YOU WOULD KEEP IT  
2 OPERATING BETWEEN NOW AND THAT TIME?

3

4 **DR. BRUCE CHERNOF:** I RECOMMEND TO YOUR BOARD THAT, GIVEN THE  
5 QUALITY OF CARE THAT WE ARE PROVIDING TODAY AND THE EFFORTS  
6 THAT WE ARE MAKING TO IMPROVE THE QUALITY OF CARE, THAT WE  
7 COMPLETE THE WORK AND PREPARE FOR SURVEY.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, YOU DIDN'T EXACTLY ANSWER MY  
10 QUESTION DIRECTLY.

11

12 **DR. BRUCE CHERNOF:** SUPERVISOR, I AM CONFIDENT THAT WE HAVE THE  
13 ABILITY TO DELIVER THE QUALITY OF CARE NECESSARY FOR SURVEY.  
14 WE'VE JUST GOT TO FOCUS ON THE WORK AHEAD OF US.

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. THE THING THAT IS NOT  
17 IN THIS MOTION AND THE THING THAT-- BECAUSE I BELIEVE THAT--  
18 HOW MANY PATIENTS DID WE HAVE THERE LAST NIGHT? WHAT'S THE  
19 CENSUS FOR GOING RIGHT NOW, ANTOINETTE, OR THE LATEST YOU KNOW  
20 OF?

21

22 **ANTOINETTE EPPS:** 48.

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** 48. MY BET IS WE COULD PROBABLY  
25 PLACE 48 PATIENTS IN THE REGION. THE BIGGER PROBLEM, WHICH IS



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1 NOT ADDRESSED HERE AND WHICH WE HAVE ALSO TALKED ABOUT, IS  
2 WHAT DO YOU DO ABOUT THE 40,000 OR MORE EMERGENCY ROOM  
3 PATIENTS? THAT IS WHEN THE HOSPITAL CLOSES, WHICH IT MAY, I  
4 DON'T THINK ANYBODY WANTS TO DO THAT, BUT THAT MAY BE-- THAT'S  
5 CERTAINLY ONE, WE HAVE TO BE OPEN EYED ABOUT IT. THAT MAY BE  
6 ONE OF THE CONSEQUENCES OF EVERYTHING THAT'S HAPPENING. IT'S  
7 THOSE 40 OR 45,000 OR 47,000, I'VE HEARD ALL OF THOSE FIGURES,  
8 100 TO 200 PATIENTS A DAY THAT COME INTO THE EMERGENCY ROOM AT  
9 THIS HOSPITAL, THAT'S GOING TO BE THE ISSUE. THAT'S A MUCH  
10 BIGGER ISSUE RIGHT NOW THAN PLACING 48 PEOPLE BECAUSE I THINK  
11 THAT CAPACITY EXISTS TO HANDLE THE 48. BUT THERE IS, AS FAR AS  
12 I CAN TELL, NOT MUCH CAPACITY TO HANDLE 40,000 EMERGENCY ROOM  
13 PATIENTS A YEAR, IN THE IMMEDIATE AREA OR IN THE REGION AS A  
14 WHOLE. AND AS WE'VE DISCUSSED, BOTH PUBLICLY AND PRIVATELY IN  
15 THE PAST, THE RIPPLE EFFECT OF THIS-- OF THE CLOSURE OF THIS  
16 EMERGENCY ROOM ON THE REST OF THE SYSTEM, NOT ONLY IN THE  
17 SOUTHERN PART OF LOS ANGELES COUNTY BUT COUNTYWIDE AND MAYBE  
18 EVEN NORTHERN ORANGE COUNTY AND WHO KNOWS WILL BE COLLATERAL  
19 DAMAGE. THERE MAY BE SOME HOSPITALS IN ALL OF OUR COMMUNITIES  
20 THAT MAY NOT BE ABLE TO SURVIVE THE INFLUX OF PEOPLE WHO NOW  
21 ARE GOING TO GO HUNTING FOR ANOTHER EMERGENCY ROOM AND THE  
22 DOMINO THEORY, IF YOU WILL, OF EMERGENCY ROOMS IN OUR SYSTEM.  
23 YOU WANT TO COMMENT ON THAT AT ALL?  
24



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1 **DR. BRUCE CHERNOF:** SUPERVISOR, I THINK YOU'VE HIT WHAT IS, AS  
2 A PHYSICIAN, AS SOMEBODY'S WHO WORKED AND PRACTICED MY ENTIRE  
3 LIFE IN LOS ANGELES, THIS IS MY GREATEST CONCERN, FRANKLY. I  
4 THINK SOUTH LOS ANGELES NEEDS A HOSPITAL AND IT NEEDS THAT  
5 HOSPITAL AND WE HAVE WORKED INCREDIBLY HARD TO DO WHAT IS  
6 NECESSARY TO TURN THE HOSPITAL AROUND BUT THE SINGLE MOST  
7 IMPORTANT PART OF THE HOSPITAL IS THE EMERGENCY ROOM, THE  
8 ABILITY TO DELIVER UNSCHEDULED CARE TO SOMETIMES NOT SO SICK  
9 PEOPLE BUT OFTENTIMES VERY SICK PEOPLE WHERE THERE AREN'T A  
10 LOT OF OTHER RESOURCES. THE SURROUNDING HOSPITAL DELIVERY  
11 SYSTEM HAS THINNED OVER THE PAST FEW YEARS, PARTICULARLY FOR  
12 EMERGENCY ROOM SERVICES. THERE ARE LESS CHOICES THAN THERE  
13 WERE. AND THE NUMBERS THAT YOU'VE DESCRIBED INCLUDE PATIENTS  
14 WHO COME IN ON AN UNSCHEDULED BASIS, SOME OF WHOM GET SHUNTED  
15 TO OUR URGENT CARE AND CAN BE SEEN IN AN URGENT CARE SETTING  
16 BUT MANY OF WHICH ARE ONLY APPROPRIATE FOR AN EMERGENCY ROOM  
17 AND COULD NOT BE SHUNTED TO AN URGENT CARE. AND THAT WILL HAVE  
18 SIGNIFICANT IMPACTS, BOTH ON PUBLIC AND PRIVATE HOSPITALS IN  
19 THE VICINITY IF WE WERE NOT ABLE TO RUN THAT EMERGENCY ROOM.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, AND THAT IS, IF WE END UP  
22 HAVING TO CLOSE THE HOSPITAL, EVEN FOR A SHORT PERIOD OF TIME,  
23 SHORT BEING SIX MONTHS OR NINE MONTHS, WHATEVER IT IS, BEFORE  
24 YOU CAN OPEN IT UNDER TOTALLY NEW MANAGEMENT OF ONE SORT OR  
25 ANOTHER OR CONTRACT IT OUT, ALL OF WHICH WE HAVE TALKED ABOUT



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1 DOING BEFORE, NONE OF WHICH HAS EVER PANNED OUT, IT'S A LOT  
2 EASIER SAID THAN DONE, THE CONSEQUENCES ARE HUGE. AND THAT'S  
3 REALLY WHERE I'M INTERESTED IN WHAT YOUR CONTINGENCY PLAN IS  
4 BECAUSE I'M CONFIDENT THAT YOU HAVE A CONTINGENCY PLAN THAT  
5 CAN WORK ON THE 48 PATIENTS. IT'S THE EMERGENCY ROOM THAT HAS  
6 ME CONCERNED AND OUGHT TO HAVE THE COMMUNITY CONCERNED.  
7 BECAUSE, FRANKLY, GIVEN THE STATE OF HEALTHCARE IN OUR NATION  
8 THE WAY IT IS AND THE UNINSURED PROBLEM WHAT IT IS, THAT SO  
9 MANY OF OUR CONSTITUENTS IN ALL OF OUR DISTRICTS ALL OVER THE  
10 COUNTY USE THE EMERGENCY ROOM AS THEIR DOCTOR. THE BABY HAS A  
11 FEVER OR I SPRAINED MY ANKLE OR MY NOSE IS BLEEDING AND I  
12 DON'T KNOW WHAT'S CAUSING IT, MANY PEOPLE GO TO THAT EMERGENCY  
13 ROOM TO HAVE THAT TAKEN CARE OF. THEY DON'T HAVE A DOCTOR THEY  
14 CAN CALL AND GET A PRESCRIPTION OVER THE PHONE FOR THE EAR  
15 INFECTION OR WHATEVER IT IS. THEY DON'T HAVE AN INSURANCE  
16 POLICY THAT CAN GIVE THEM THAT KIND OF ACCESS. AND THAT, TO  
17 ME, IS A MUCH BIGGER, MUCH BIGGER ISSUE. AND I'M STILL NOT  
18 SURE WHAT YOUR PLAN IS FOR THE EMERGENCY ROOM. I'M NOT SURE  
19 THERE IS A PLAN THAT CAN WORK. I WOULDN'T WANT TO BE IN YOUR  
20 SHOES IN THAT REGARD. AND, ACTUALLY, WE ARE IN YOUR SHOES  
21 BECAUSE WE ARE THE GOVERNING BODY OF THESE HOSPITALS, AS WE  
22 ARE REMINDED EVERY TIME C.M.S. OPENS ITS-- SENDS US A  
23 MEMORANDUM. AND SO I CORRECT MYSELF. WE ARE IN YOUR SHOES AND  
24 I DON'T KNOW WHAT THE SOLUTION TO THE EMERGENCY ROOM ISSUE IS.  
25 DO YOU HAVE ANY THOUGHTS AT THIS POINT?





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1

**DR. BRUCE CHERNOF:** CLEARLY, SUPERVISOR, THIS IS-- THERE ARE NO  
SIMPLE SOLUTIONS TO THIS ISSUE AND IT'S PART OF WHY I FEEL SO  
STRONGLY THAT INVESTING THE ENERGY THAT WE'VE INVESTED SO FAR,  
THAT YOUR BOARD, ALL OF YOU, HAVE BEEN VERY SUPPORTIVE OF TO  
TRY TO GIVE THE HOSPITAL EVERY MEASURE, EVERY OPPORTUNITY TO  
COMPLETE THE WORK THAT IT NEEDS TO TO TRY TO PASS SURVEY IS  
VERY IMPORTANT. BUT TO SUPERVISOR MOLINA'S CONCERNS, BECAUSE I  
AGREE WITH HER, WE-- THAT HOSPITAL NEEDS-- OUR HOSPITAL, NOT  
THAT HOSPITAL, OUR HOSPITAL, OUR M.L.K.-HARBOR HOSPITAL, HAS  
TO BE ABLE TO STAND UP IN THIS SAME FAMILY AS THE REST OF THE  
HOSPITALS AND CLINICS THAT I SUPERVISE ON YOUR BEHALF. IT'S  
FACED MANY CHALLENGES OVER THE PAST DECADE, MORE. AND WE HAVE  
WORKED INCREDIBLY HARD OVER THE PAST SIX OR SEVEN MONTHS TO  
FUNDAMENTALLY TURN THE HOSPITAL UPSIDE DOWN WITHOUT CLOSING  
IT. I THINK THAT, UNDER ANTOINETTE'S LEADERSHIP AND THE TEAM  
THAT'S THERE, TRYING TO COMPLETE THAT WORK IS WORTH THE  
EFFORT. BUT IT HAS TO DELIVER. IT HAS TO DELIVER THE SAME  
QUALITY OF CARE AS EVERY SINGLE ONE OF OUR HOSPITALS, PERIOD.

20

**SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, I DON'T DISAGREE WITH YOU AT  
ALL OR WITH SUPERVISOR MOLINA. I THINK WE ALL REALLY ARE IN  
THE SAME PLACE ON THE IMPORTANCE OF THE FACILITY AND ALSO OF  
OUR CONCERNS. WE EXPRESS THEM IN DIFFERENT WAYS BUT I DON'T  
THINK THERE'S REALLY MUCH DAYLIGHT BETWEEN US. I WILL ONLY SAY



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1 THAT WE MADE THE DECISION. WE ALL MADE IT, ALL FIVE OF US MADE  
2 IT, WITH OPEN EYES. WE HAD A CHOICE. WE COULD HAVE CLOSED THIS  
3 HOSPITAL THREE YEARS AGO, COULD HAVE CLOSED IT TWO YEARS AGO,  
4 COULD HAVE CLOSED IT LAST YEAR, COULD HAVE CLOSED IT LAST  
5 MONTH, COULD CLOSE IT TODAY. WE CHOSE TO GO A DIFFERENT PATH.  
6 WE CHOSE TO TRY TO FIX THIS FACILITY WHILE WE OPERATED IT,  
7 WHICH IS, I THINK I USED THE LINE ONCE BEFORE, IT'S LIKE  
8 REBUILDING A CORVETTE ENGINE WHILE YOU'RE DRIVING 100 MILES AN  
9 HOUR DOWN INTERSTATE 5. IT'S A BIT RISKY BECAUSE A LOT OF  
10 THINGS CAN GO WRONG. IT'S NOT A CLEAN SLATE THAT YOU'RE  
11 TALKING ABOUT HERE. YOU'VE GOT TO DEAL WITH THE PROBLEMS THAT  
12 ARE CLEARLY THERE. YOU TRY TO FIX THOSE PROBLEMS WHILE YOU'RE  
13 TRYING TO PROVIDE CARE AND, OBVIOUSLY, SOME OF THOSE PROBLEMS  
14 ARE GOING TO LEAK INTO THE CARE. THE QUESTION BEFORE ALL OF US  
15 IS, HAS THE LEAKAGE SUBSIDED SUFFICIENTLY BY THE TIME C.M.S.  
16 COMES IN TO RESTORE THIS HOSPITAL TO THE STATUS IN TERMS OF  
17 ITS EVALUATION THAT ALL OF US EXPECT? I'M NOT EVEN GOING TO  
18 HANDICAP IT. I WOULDN'T BET ONE WAY OR THE OTHER ON IT. BUT WE  
19 MADE THE BET THAT IT WAS WORTH TRYING TO DO IT RATHER THAN  
20 CLOSING IT. AND I WOULDN'T-- 20 DAYS, 30 DAYS BEFORE THEY'RE  
21 GOING TO COME IN, I WOULDN'T WANT TO NOW SAY WE'LL PULL THE  
22 PLUG. I JUST DON'T THINK IT MAKES ANY SENSE AND I DON'T KNOW.  
23 WE MAY BE DEAD IN THE WATER OR WE MAY NOT. AND I HOPE-- I  
24 DON'T KNOW THAT THIS ISSUE, THE CASE OR CASES THAT WE'VE BEEN  
25 TALKING ABOUT ARE WELL KNOWN AND HAVE BEEN WELL PUBLICIZED ARE



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1 ABERRATIONS OR THEY'RE NOT ABERRATIONS. MY HOPE IS THAT  
2 THEY'RE-- MY BET IS THAT THEY'RE NOT ABERRATIONS. MY HOPE IS  
3 THAT THEY'RE MORE OF AN ABERRATION TODAY THAN THEY WERE SIX  
4 MONTHS AGO OR A YEAR AGO. THAT'S REALLY THE BEST I CAN SAY.  
5 AND, BY THE WAY, WHEN YOU READ THE TRANSCRIPT OF THE 9-1-1  
6 CALL, I THINK WE'RE GOING TO FIND, AS I JUST READ IT, IT WAS  
7 EMAILED TO ME IN AN ARTICLE THAT IS ON THE L.A. TIMES' WEBSITE  
8 NOW, THAT THE 9-1-1 OPERATOR WASN'T EXACTLY FREE FROM, WHAT'S  
9 THE WORD? CALLOUSNESS. AND CHARACTERIZATIONS, SPEAKING OF  
10 PAINTING EVERYBODY WITH A BROAD BRUSH. SO IT IS REALLY A VERY  
11 SAD SITUATION BUT I HOPE THAT THERE IS-- AND WHAT WE'RE  
12 COUNTING ON IS THAT THERE IS AMPLE EVIDENCE ELSEWHERE IN THIS  
13 HOSPITAL THAT YOU'VE MADE PROGRESS THAT WILL OVERSHADOW WHAT  
14 CLEARLY ARE INEXPLICABLE AND INDEFENSIBLE ACTIONS THAT TOOK  
15 PLACE IN THESE TWO CASES AND I'M SURE THERE ARE MANY WE DON'T  
16 KNOW. I WILL ALSO SAY THAT THERE ARE HOSPITALS IN MY PART OF  
17 TOWN THAT I WOULDN'T SEND MY MOTHER TO IF MY MOTHER WAS STILL  
18 ALIVE. THERE ARE HOSPITALS THAT-- AND I WON'T MENTION THEM BY  
19 NAME BUT THERE ARE HOSPITALS THAT-- SOME ARE BETTER THAN  
20 OTHERS. AND WE ALL-- THAT IS CORRECT. WE HAVE CHOICES. AND THE  
21 CLIENTELE THAT-- OUR COUNTY CLIENTELE IN ALL FIVE OF OUR  
22 HOSPITALS USUALLY DON'T HAVE CHOICES. ANYWAY, MRS. BURKE?  
23  
24 **SUP. BURKE:** THANK YOU. FIRST, I'D LIKE TO GET A REAL  
25 UNDERSTANDING IN TERMS OF THE WHOLE LOG ISSUE WHERE THERE DOES



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1 SEEM TO BE INCONSISTENCIES AND HOW THE INCONSISTENCIES COME  
2 ABOUT. WHEN YOU GO INTO THE EMERGENCY ROOM, DO YOU SIGN IN AND  
3 PUT YOUR TIME DOWN? IS THAT THE WAY...

4

5 **ANTOINETTE EPPS:** YOU ARE SIGNED IN BY THE STAFF. THE  
6 INDIVIDUAL DOESN'T SIGN. THE STAFF MEMBER LOGS THE INDIVIDUAL  
7 IN, PUTS THE INFORMATION THAT THE PATIENT GIVES THEM AND THEY  
8 NOTE A TIME.

9

10 **SUP. BURKE:** THEN THEY PUT THE TIME IN?

11

12 **ANTOINETTE EPPS:** YES.

13

14 **SUP. BURKE:** THEN THE CENTRAL LOG IS MADE UP FROM WHAT?

15

16 **ANTOINETTE EPPS:** THE CENTRAL LOG, WHICH IS THE COMPUTERIZED  
17 LOG, WHICH IS WHAT WE PRODUCE WHEN THEY COME IN, THAT LOG, AN  
18 INDIVIDUAL STAFF MEMBER WILL PUT THE INFORMATION FROM THE  
19 MANUAL LOG INTO THE COMPUTER LOG AND THERE HAVE TO BE  
20 ADJUSTMENTS.

21

22 **SUP. BURKE:** AT THE END OF THE DAY, IS THAT WHEN THEY PUT IT  
23 IN?

24



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1   **ANTOINETTE EPPS:** IT GOES ON ALL DAY LONG. IT HAPPENS AS THE  
2   PATIENTS MOVE THROUGH THE SYSTEM. YOU CAN'T-- IN GENERAL, ONE  
3   OF THE REQUIREMENTS IN E.M.T.A.L.A., WE HAD TO SEPARATE THE  
4   PROCESS OF THE LOG FROM THE LARGELY FINANCIAL PROCESS OF  
5   REGISTRATION. SO OUR MEDICAL PERSONNEL GET THAT INITIAL  
6   INFORMATION FROM THE LOG, IN THIS MANUAL LOG, AND THAT'S  
7   SEPARATED FROM THE FINANCIAL AND REGISTRATION PIECE BECAUSE  
8   THE IDEA IS THAT E.M.T.A.L.A. CAME TO BE IN THE LATE '80S, I  
9   THINK 1986 OR '87. AND, AT THAT TIME, YOU'LL REMEMBER A VERY  
10   UNFLATTERING TERM FOR OUR INDUSTRY CALLED A WALLET BIOPSY.  
11   WHAT WERE HAPPENING FOR A LOT OF PATIENTS AT THE TIME THAT  
12   E.M.T.A.L.A. CAME INTO BEING WAS PATIENTS WERE BEING  
13   FINANCIALLY SCREENED AND SENT AWAY AND NOT TREATED AT  
14   FACILITIES. SO ONE OF THE TENETS THAT'S INSIDE OF THE WAY THAT  
15   THE LAWS MAINTAINED IN THE E.M.T.A.L.A. REGS IS THAT THOSE TWO  
16   THINGS ARE SEPARATED. SINCE WE DON'T HAVE A UNIFIED RECEIVING  
17   PROCESS THAT WOULD ALLOW US TO PUT THE FINANCIAL INFORMATION  
18   IN THESE SCREENS ABSENT, SEPARATE AND APART FROM THE-- JUST  
19   THE MEDICAL PRESENTING CONDITIONS, WE HAVE A MANUAL PROCESS  
20   THAT GIVES US THE MEDICAL PRESENTING CONDITION AND THAT'S DONE  
21   FIRST. AND THEN, WHEN THE PATIENT GETS TO THE REGISTRATION  
22   AREA, WHICH IS THE SECOND AREA IN THE FINANCIAL PIECE, THE  
23   MEDICAL INFORMATION IS ADDED AT THAT TIME AND THERE IS A  
24   SIGNIFICANT OPPORTUNITY FOR HUMAN ERROR AND THAT'S WHAT WAS  
25   PICKED UP WHEN THEY WERE GOING THROUGH THESE LOGS, THAT THERE



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1 WERE ERRORS THAT WERE DISCOVERED WHEN THEY WERE LOOKING AT  
2 WHAT THE MANUAL LOG SAID AND HOW THAT INFORMATION HAD BEEN  
3 TRANSPOSED INTO THE AUTOMATED LOG.

4

5 **SUP. BURKE:** I SEE. SO THAT THE PERSON POSSIBLY PUT THE TIME  
6 THAT THEY DID THE TRANSFORMATION, WAS THAT...

7

8 **ANTOINETTE EPPS:** IT'S POSSIBLE IT WAS WRONG.

9

10 **SUP. BURKE:** SOME ARE AN HOUR'S DIFFERENCE.

11

12 **ANTOINETTE EPPS:** IT'S POSSIBLE THAT THEY PUT IN THE WRONG TIME  
13 OR THE COMPUTER AUTOMATICALLY STAMPS THINGS. FOR EXAMPLE,  
14 YOU'LL PUT SOMETHING IN AND IT'LL PUT A TIME STAMP ON IT  
15 AUTOMATICALLY AND YOU HAVE TO MANUALLY GO IN AND CHANGE THAT  
16 TIME STAMP IF YOU NEED TO MAKE AN ADJUSTMENT. AND IF SOMEONE  
17 FAILED TO DO THAT, THEN IT WOULD APPEAR THAT THE LOGS WERE  
18 INCONSISTENT.

19

20 **SUP. BURKE:** I SEE. SO YOU HAVE PEOPLE NOW WHO ARE GOING  
21 THROUGH OR THE STAFF IS NOW CHECKING THE COMPUTER LOG?

22

23 **ANTOINETTE EPPS:** YES, MA'AM. WE'RE CHECKING THOSE LOGS TO MAKE  
24 SURE THAT THEY'RE CONSISTENT, YES.

25



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1   **SUP. BURKE:** I'M CONCERNED ABOUT EVENINGS AND WEEKENDS AND  
2   WHETHER OR NOT THERE ARE SENIOR STAFF THERE TO FOLLOW THROUGH  
3   AND TO CHECK ON THINGS. AND CERTAINLY SOME OF THE ISSUES THAT  
4   WE HEAR ABOUT OCCUR IN EVENINGS AND WEEKENDS. WHO DO WE HAVE  
5   THERE WHO CAN CHECK ON THE QUALITY AND THE ISSUES AS THEY COME  
6   UP ON EVENINGS AND WEEKENDS?

7

8   **ANTOINETTE EPPS:** WE HAVE THE SAME STAFFING IN THE EMERGENCY  
9   DEPARTMENT 24 HOURS A DAY, 7 DAYS A WEEK FOR ALL OF THE AREAS.  
10   SO OUR NURSING, THE REQUIREMENTS OF OUR NURSING STAFF ARE THE  
11   SAME. THEY DON'T CHANGE BECAUSE IT'S NIGHTS OR WEEKENDS.  
12   CHARGE NURSES, FLOW MANAGERS, ALL OF THOSE PERSONS WHO ARE  
13   RESPONSIBLE ARE THERE. THE ONLY INDIVIDUAL ON THE NURSING SIDE  
14   WHO ISN'T THERE 24 HOURS A DAY IS THE ONE NURSE MANAGER WHO IS  
15   RESPONSIBLE FOR THE ENTIRE UNIT. HOWEVER, SUPERVISING STAFF  
16   NURSES, CHARGE NURSES AND SO FORTH ARE ON DUTY. THE SAME  
17   THING.

18

19   **SUP. BURKE:** WHAT I'M CONCERNED ABOUT IS THAT MAYBE THERE NEEDS  
20   TO BE SOMEONE VERY SENIOR. I'M NOT SAYING THAT YOU NEED TO BE  
21   THERE EVERY WEEKEND. BUT THAT THERE NEEDS TO BE SOMEONE VERY  
22   SENIOR JUST TO GO THROUGH AND TOUR TO MAKE SURE THINGS ARE  
23   OKAY. AND THE ISSUE THAT I THINK SUPERVISOR MOLINA BROUGHT UP  
24   IN TERMS OF HARBOR, I HAD BELIEVED THAT HARBOR WAS GOING TO  
25   HAVE A PRESENCE THERE. AND I NEED TO REALLY UNDERSTAND WHAT





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1    THEIR PRESENCE IS BECAUSE, I, YOU KNOW, HARBOR HAS AN  
2    EXCELLENT EMERGENCY ROOM. AND I CAN'T IMAGINE THAT HARBOR, IF  
3    THERE WAS SUPERVISION FROM HARBOR, SOME OF THESE THINGS COULD  
4    HAVE COME ABOUT. AND, SEE, I THOUGHT THAT THERE WAS GOING TO  
5    BE-- AND I CALLED DR. ANDERSON, YOU KNOW, BECAUSE I THOUGHT,  
6    AS MEDICAL DIRECTOR, HE HAD-- WAS GOING TO BE SUPERVISING IN A  
7    VERY DIRECT WAY. I DIDN'T MEAN LIKE ONCE A MONTH. I THOUGHT  
8    THEY WERE GOING TO BE THERE AND HAVING IN CLOSE PROXIMITY. IN  
9    FACT, WE WERE ALMOST LED TO BELIEVE THAT HARBOR PEOPLE WOULD  
10   BE IN CHARGE OF EACH DEPARTMENT.

11

12   **DR. BRUCE CHERNOF:** LET ME START, SUPERVISOR. THE METRO CARE  
13   PLAN, AS BROUGHT FORWARD, DOES NOT DESCRIBE HARBOR AS BEING IN  
14   CHARGE OF EACH DEPARTMENT. ONE OF THE THINGS THAT WE HAD TO  
15   DO, AND WE WENT THROUGH THIS IN GREAT DETAIL WITH YOUR BOARD,  
16   WAS THE NEED TO ALLOW A STRUCTURE THAT ALLOWED HARBOR AND  
17   M.L.K.-HARBOR TO KEEP THEIR INDEPENDENT LICENSES AND THEIR  
18   INDEPENDENT OPERATING STRUCTURE AND THE ACTUAL METRO CARE PLAN  
19   APPROVED BY YOUR BOARD CONTAINS A VERY SPECIFIC ORGANIZATIONAL  
20   CHART WHICH IS THE ONE THAT IS IMPLEMENTED. THE HARBOR STAFF  
21   ARE ACTIVELY INVOLVED IN THE APPROPRIATE LEVELS AND CARE BASED  
22   ON THAT ORGANIZATIONAL STRUCTURE. THERE ARE WEEKLY MEETINGS OF  
23   THE EXECUTIVE METRO CARE TEAM THAT INVOLVE...

24

25   **SUP. MOLINA:** IT DOES HAVE THOSE RESPONSIBILITIES...



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1

2 **DR. BRUCE CHERNOF:** IT DOES HAVE DR. ANDERSON AND THE CHIEF  
3 NURSING OFFICER RESPONSIBLE FOR THOSE, DIRECTLY RESPONSIBLE  
4 FOR THE CLINICAL SERVICES AT BOTH HOSPITALS. WE HAVE HAD THE  
5 DEPARTMENT CHAIRS AT HARBOR WHO ARE ACTIVELY INVOLVED IN THE  
6 OVERSIGHT OF THE CARE. DR. HOCKBURGER WORKS VERY CLOSELY WITH  
7 THE LEAD PERSON FROM C.E.P. HE HAS PERSONALLY BEEN TO THE  
8 HOSPITAL TO REVIEW CARE.

9

10 **SUP. BURKE:** HOW OFTEN?

11

12 **ANTOINETTE EPPS:** I'M NOT CERTAIN.

13

14 **SUP. BURKE:** WHAT I'M CONCERNED ABOUT IS HOW OFTEN THEY ARE  
15 THERE TO REALLY GET AN UNDERSTANDING AND KNOW WHAT'S GOING ON.  
16 BECAUSE HE'S OUTSTANDING.

17

18 **ANTOINETTE EPPS:** WELL, IT DEPENDS ON THE AREA. DR. HOCKBURGER  
19 WORKS VERY CLOSELY WITH DR. VICTOR. I KNOW HE'S BEEN THERE,  
20 FOR EXAMPLE, THIS WEEK TO LOOK AT WHAT'S GOING ON. HE DOESN'T  
21 COME ON A DAILY BASIS AND HE PROBABLY DOESN'T COME ON A WEEKLY  
22 BASIS. HOWEVER, WE REVIEW THE CARE, WE LOOK AT THINGS ON AN  
23 ONGOING BASIS, ON A WEEKLY BASIS AND VARIOUS REPORTS AND SO  
24 FORTH ARE PROVIDED THAT ARE INDICES OF CARE. THE SEPARATENESS  
25 OF THE ORGANIZATION AND THE SEPARATELY REQUIRED OVERSIGHT TO



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1 MAINTAIN LICENSES HAS GIVEN US GUIDANCE AS TO HOW INTIMATELY  
2 INVOLVED WE WOULD COMMINGLE, IF YOU WOULD, THE MANAGEMENT OF  
3 THE FACILITIES. WE CAN'T DO THAT AND MAINTAIN SEPARATE  
4 LICENSES. HOWEVER, THE WAY THAT CARE IS PROVIDED IS OVERSEEN.  
5 WE PROVIDE THEM OUR POLICIES AND PROCEDURES. THEY WORKED WITH  
6 US ON OUR QUALITY PLAN. ALL OF THOSE INDICATORS THAT HAVE BEEN  
7 LOOKED AT IN THE PAST ARE INTEGRATED INTO OUR MANAGEMENT WITH-  
8 - WORKING RELATIONSHIP WITH HARBOR. IN THE PHARMACY, FOR  
9 EXAMPLE, THERE IS A LOT OF ONGOING, SEVERAL TIMES A WEEK,  
10 INPUT FROM THE-- WES FROM OVER AT HARBOR WHO IS THE DIRECTOR  
11 OF PHARMACY AT HARBOR, WORKING WITH OUR PHARMACY DEPARTMENT.  
12 SO WE HAVE SET UP MECHANISMS THAT INVOLVE THEM IN OUR  
13 OPERATIONS AS DESCRIBED IN THE METRO CARE PLAN.

14

15 **SUP. BURKE:** ARE THEY GOING TO BE INVOLVED IN THE EVALUATION IN  
16 TERMS OF THE RESPONSES THAT ARE MADE?

17

18 **ANTOINETTE EPPS:** YES, I MADE THAT REQUEST LAST WEEK TO THEM.

19

20 **SUP. BURKE:** AND WHEN THEY PARTICIPATE IN THOSE RESPONSES, WILL  
21 THEY BE REVIEWING THE PROCEDURES AND THE PROCESSES THAT ARE  
22 GOING ON IN THE EMERGENCY AND IN OTHER PARTS OF THE HOSPITAL?

23

24 **ANTOINETTE EPPS:** THAT WILL BE PART OF THE REQUEST THAT I MADE,  
25 YES, MA'AM.



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1

2   **SUP. BURKE:** I WOULD FEEL A LOT MORE COMFORTABLE IF I KNEW THAT  
3   THERE WAS A REGULAR VISIT BY ALL OF THOSE PEOPLE AND I DON'T  
4   WANT TO JEOPARDIZE THEIR LICENSE. BUT, AT THE SAME TIME, THE  
5   WAY THAT THE STRUCTURE WAS SET UP, I GOT THE IMPRESSION THAT  
6   THOSE PEOPLE WHO ARE WHO WERE IN CHARGE OF SPECIFIC AREAS  
7   WOULD BE VERY MUCH INVOLVED IN TERMS OF LOOKING AT THE  
8   FACILITY, LOOKING AT THE PHYSICAL FACILITY, LOOKING AT THE  
9   ORGANIZATION, THE PEOPLE WHO WERE INVOLVED AND IN TERMS OF,  
10   LIKE, DIRECT DISCUSSIONS WITH THEM. AND CAN THAT HAPPEN?

11

12   **ANTOINETTE EPPS:** IT CAN HAPPEN. WE'VE USED IT NOT ON AN  
13   ONGOING BASIS. WE'VE USED IT IN AREAS TO DO ASSESSMENTS. WE  
14   USE THEM IN THE AREAS WHERE WE PERCEIVE THERE TO BE ISSUES  
15   THAT NEEDED ATTENTION. WE'VE ASKED THEM TO LOOK AT POLICIES  
16   AND PROCEDURES AND PRACTICES AND BRING BEST PRACTICES TO THE  
17   TABLE. YOU KNOW, THEY HAVE OTHER OBLIGATIONS, SO WE TRY TO...

18

19   **SUP. BURKE:** I UNDERSTAND THAT.

20

21   **ANTOINETTE EPPS:** ...WE'VE TRIED TO BE COGNIZANT OF THAT IN HOW  
22   WE'VE ASKED FOR ASSISTANCE. BUT WE DO, ON AN ONGOING BASIS,  
23   ASK FOR ASSISTANCE AND WE RECEIVE ASSISTANCE.

24



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1   **SUP. BURKE:** I SEE AND I THINK WHAT I'M TRYING TO SAY IS NOT  
2   JUST IN TERM OF PROGRAM OR PROCEDURES BUT OPERATIONS.

3

4   **DR. BRUCE CHERNOF:** SUPERVISOR BURKE, THEY ARE...

5

6   **SUP. BURKE:** THAT'S THE THING-- THAT'S WHAT I'M THINKING ABOUT  
7   IS IN TERMS OF THEM GIVING SUPERVISION IN TERMS OF OPERATION  
8   AND EVALUATION OF OPERATION.

9

10   **DR. BRUCE CHERNOF:** SUPERVISOR BURKE, THEY ACTUALLY HAVE DONE  
11   AN EXTRAORDINARY JOB TO THAT END AND I'LL GIVE YOU SOME OTHER  
12   SPECIFIC EXAMPLES. THERE HAS-- THEIR WILLINGNESS TO BE  
13   INVOLVED, THEIR ARCTIVENESS ON EVERY LEVEL HAS BEEN  
14   OUTSTANDING. THEY CAME-- I MEAN, THE NURSING RETRAINING WHICH  
15   WE HAVE DISCUSSED BRIEFLY TODAY IN MY OPENING REMARKS HAS  
16   INVOLVED THOUSANDS OF HOURS OF EXECUTIVE STAFF TIME AT EVERY  
17   LEVEL AND THEY ARE PHYSICALLY ON SITE DOING ALL THAT TRAINING.  
18   THE ENVIRONMENTAL SERVICES REVIEW THAT LED TO THE  
19   RECOMMENDATIONS HERE TODAY WAS THE DIRECT RESULT OF HARBOR, A  
20   LARGE TEAM AT HARBOR, ACTIVELY INVOLVED IN REVIEWING EVERY  
21   LEVEL OF HOSPITAL PLANT OPERATIONS, ENVIRONMENTAL SERVICES,  
22   REALLY LOOKING AT IT, DIGGING DEEP WITH ANTOINETTE AND HER  
23   TEAM TO COME FORWARD WITH THE RECOMMENDATIONS THAT WE'VE  
24   IMPLEMENTED. WE WILL CERTAINLY, WITH THIS GUIDANCE, WE WILL



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1 CERTAINLY GO BACK. THEY'VE ALREADY REDOUBLED THEIR EFFORTS BUT  
2 WE WILL BRING BACK THAT REQUEST.

3

4 **SUP. BURKE:** BECAUSE, YOU KNOW, AT ONE TIME, I WAS ALSO GIVEN  
5 TO BELIEVE THAT, IN EACH AREA, THE PEOPLE AT KING WOULD GO TO  
6 HARBOR AND THEY WOULD HAVE A DIRECT EXPERIENCE WORKING IN THAT  
7 SYSTEM THEN THEY WOULD COME BACK. AND THAT'S WAS EXPLAINED TO  
8 ME IN DETAIL, THAT GROUPS WOULD GO THERE, THEY WOULD GET THAT  
9 EXPERIENCE, THEN THEY WOULD COME BACK. AND I THINK, AT ONE  
10 TIME, I WAS TOLD THAT, MANY TIMES, THE PEOPLE WHO WENT THERE  
11 DID NOT HAVE THE KIND OF TRAINING THEY NEEDED. BUT, AFTER THEY  
12 WERE THERE, THAT THEY WERE CATCHING ONTO THE WAY THINGS WERE  
13 DONE SO THAT THEY COULD BRING THEM BACK AND PUT THEM INTO  
14 EFFECT. AND WHAT HAS HAPPENED AS IT RELATES TO THAT PORTION?

15

16 **ANTOINETTE EPPS:** IDEALLY, THAT IS EXACTLY WHAT WE HAD INTENDED  
17 TO DO. HAD WE BEEN ABLE TO IDENTIFY ENOUGH COUNTY EMPLOYEES  
18 THAT WE COULD HAVE HAD ON STAFF SO THAT WE WOULD HAVE HAD-- WE  
19 REFER TO THEM AS COHORTS, THAT WE WOULD HAVE HAD ADDITIONAL  
20 PERSONS SO THAT WE COULD CARE FOR PATIENTS THAT WE WERE  
21 RESPONSIBLE FOR CARING FOR WHILE WE SEND A CADRE OF  
22 INDIVIDUALS TO BE TRAINED AT HARBOR. AFTER THE MITIGATION  
23 PROCESS, WE DID NOT HAVE SUFFICIENT NUMBERS OF PERSONNEL TO  
24 ACCOMPLISH THAT.

25



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1     **SUP. BURKE:** I SEE.

2

3     **ANTOINETTE EPPS:** SO WHAT WE DID WAS WE MODIFIED THE WAY THAT  
4     IT WOULD BE DONE AND THAT'S THE COMPETENCY EXERCISE, IF YOU  
5     WILL, THE PROCESS THAT WE'VE BEEN GOING THROUGH OVER THE LAST  
6     MONTH WAS WHAT WE ENDED UP USING BECAUSE WE DID NOT HAVE  
7     SUFFICIENT NUMBERS OF COUNTY STAFF, PARTICULARLY IN NURSING,  
8     TO ACCOMPLISH THAT.

9

10    **SUP. KNABE:** I'D LIKE THE ONE INCIDENT HERE IN THIS REPORT THAT  
11    WAS JUST PRESENTED TO US TODAY, YOU WERE, ON THIS PARTICULAR  
12    QUOTE/UNQUOTE PATIENT A OR INCIDENT 1 OR 2, WHATEVER IT IS,  
13    YOU WERE TWO NURSES SHORT.

14

15    **ANTOINETTE EPPS:** WE WERE TWO NURSES SHORT. WHEN WE STAFF IN  
16    THE EMERGENCY ROOM, WE STAFF FOR THE AMOUNT OF PATIENTS THAT  
17    WE HAVE. AND SUFFICIENT NUMBERS OF NURSES WERE SCHEDULED THAT  
18    EVENING. THERE WERE TWO CALL OFFS. THERE WAS ONE AT 7 P.M. AND  
19    ONE AT 11 P.M., WHICH MADE US TWO R.N.S SHORT. WE FLOATED ONE  
20    R.N. FROM ANOTHER FLOOR AND WE FLOATED TWO L.P.N.S FROM OTHER  
21    FLOORS. HOWEVER, A REGISTERED NURSE AND AN L.P.N. DON'T HAVE  
22    THE SAME SCOPE OF PRACTICE. EVEN THOUGH WE WERE REQUIRED TO  
23    HAVE 13 LICENSED PERSONNEL, WE ACTUALLY HAD 14 LICENSED  
24    PERSONNEL BUT, BECAUSE TWO OF THEM WERE L.V.N.S, WE WEREN'T  
25    GIVEN CREDIT FOR THAT IN THE REPORT BUT WE DO MAKE THOSE





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1   ADJUSTMENTS AND WE MAKE ACCOMMODATIONS FOR THOSE UNFORESEEN  
2   LIKE FOLKS CALLING IN. SOMETIMES PERSONS WORK OVER AN  
3   ADDITIONAL AMOUNT OF THEIR SHIFT, A DOUBLE SHIFT, IF YOU WILL.  
4   SOMETIMES WE CALL PEOPLE FROM OTHER UNITS. SOMETIMES WE HAVE  
5   TO CALL PEOPLE IN EARLY.

6

7   **SUP. KNABE:** BUT IN THE WRITE-UP, THEY DIDN'T MENTION THE  
8   L.V.N. ISSUE. THEY JUST SAID YOU WERE TWO SHORT.

9

10   **ANTOINETTE EPPS:** THAT'S THE WAY THEY WRITE THEM UP.

11

12   **SUP. BURKE:** I JUST HAVE ONE OTHER QUESTION AND THAT'S THE  
13   TRANSFER. YOU KNOW, THIS IS AN ISSUE THAT WE'VE TALKED ABOUT.  
14   WE WERE LED TO BELIEVE THERE WOULD BE READILY AVAILABLE  
15   FACILITIES TO TRANSFER PATIENTS WHO HAD TO BE TRANSFERRED. AND  
16   APPARENTLY NOT ONLY-- I THINK BOTH OF THESE INCIDENTS HAPPENED  
17   ON A FRIDAY. ON A WEEKEND. THAT THE ONE THAT'S BECOME, I  
18   GUESS, PART OF THE ISSUE OF IMMEDIATE JEOPARDY, AS WELL AS THE  
19   ONE I RAISED. AND I'M CONCERNED ABOUT HOW YOU'RE GOING TO MAKE  
20   SURE PEOPLE ARE TRANSFERRED AND READILY-- THEIR  
21   TRANSFERABILITY IS THERE SO THAT THEY CAN BE TRANSFERRED  
22   BECAUSE, OBVIOUSLY, THAT'S BECOME AN ISSUE.

23

24   **DR. BRUCE CHERNOF:** SUPERVISOR BURKE, WE'LL BOTH BE GLAD TO  
25   ANSWER THAT QUESTION FOR YOU. WE HAVE ADDED A SIGNIFICANT



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1 NUMBER OF BEDS AT RANCHO LOS AMIGOS. HARBOR, WE'VE ADDED A  
2 SIGNIFICANT NUMBER OF BEDS. WE HAVE THOSE BEDS AVAILABLE TO  
3 US. WE HAVE...

4

5 **SUP. BURKE:** BUT IT'S NOT THE BEDS. I UNDERSTAND IT'S GETTING  
6 THERE.

7

8 **DR. BRUCE CHERNOF:** NO.

9

10 **SUP. BURKE:** IT'S SOMETHING TO TRANSPORT PEOPLE TO THE BEDS.

11

12 **DR. BRUCE CHERNOF:** SUPERVISOR BURKE, WE HAVE AMBULANCES ON  
13 SITE AVAILABLE TO TRANSFER THE PATIENTS BUT THE BIGGEST  
14 CHALLENGE REMAINS TWO THINGS. WE NEED THE RIGHT KIND OF BED.  
15 AND ONE OF THE THINGS THAT'S KIND OF A RATE-LIMITING STEP IN  
16 LOS ANGELES COUNTY, IN THIS PARTICULAR COMMUNITY RIGHT NOW,  
17 ARE STEP-DOWN AND OTHER KIND OF MONITORED BEDS. THEY ARE NOT  
18 I.C.U.-LEVEL BEDS BUT THEY ARE ALSO NOT FLOOR BEDS. SO WE  
19 ACTUALLY HAVE TO HAVE THE RIGHT PLACE TO PUT THE PATIENT AND  
20 WE NEED TO GO THROUGH THE PROCESS OF HAVING AN ACCEPTING  
21 PHYSICIAN FOR THAT PATIENT. SO IT IS MORE DIFFICULT TO MOVE  
22 PATIENTS AT NIGHT AND ON WEEKENDS BECAUSE THOSE, ALL  
23 HOSPITALS, TEND TO HAVE FEWER DISCHARGES ON THE WEEKEND, TEND  
24 TO STAFF TO THE CURRENT NUMBER OF PATIENTS THAT THEY HAVE. SO  
25 THEIR ABILITY, EVEN THOUGH WE HAVE PRIVATE HOSPITALS THAT HAVE



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1 AGREED TO TAKE SIGNIFICANT NUMBERS OF ADDITIONAL PATIENTS,  
2 IT'S NOT JUST ENOUGH TO HAVE THE BED. IT HAS TO BE THE RIGHT  
3 KIND OF BED. THE BED HAS TO BE STAFFED WITH NURSES. AND, IN  
4 GENERAL, ALL HOSPITALS HAVE A HARDER TIME, ARE MORE LIKELY TO  
5 USE REGISTRY, FOR EXAMPLE, TO STAFF ON WEEKENDS. AND, FINALLY,  
6 THERE NEEDS TO BE AN ACCEPTING PHYSICIAN. SO THE PHYSICAL ACT  
7 OF TRANSFER, AND I'LL LET ANTOINETTE SPEAK TO THIS IN A BIT  
8 MORE DETAIL SO THAT YOU GET ALL THE INFORMATION YOU NEED, THE  
9 PHYSICAL ACT OF TRANSFER, WE'VE GOT THE RESOURCES ON SITE TO  
10 DO IT BUT IT'S MAKING SURE THE TRANSFERRING FACILITY HAS THE  
11 BED, THE STAFFING AND THE PHYSICIAN TO GO.

12

13 **SUP. BURKE:** BUT IF THEY'RE GOING TO STAY IN OUR EMERGENCY  
14 ROOM, WOULDN'T THEY BE BETTER OFF STAYING IN THE RECEIVING  
15 HOSPITAL'S EMERGENCY ROOM, WHERE, IF IT DOES BECOME A HIGH  
16 EMERGENCY, THEY WOULD HAVE ACCESS TO THE PHYSICIANS WHO HAVE  
17 THE EXPERTISE?

18

19 **ANTOINETTE EPPS:** THAT'S ALWAYS OUR GOAL. OUR GOAL IS TO  
20 TRANSFER THE PATIENT AS QUICKLY AS POSSIBLE TO THE APPROPRIATE  
21 LEVEL OF CARE. ONCE THAT DETERMINATION, THOUGH, HAS BEEN MADE,  
22 THE ACTUAL LOGISTICS OF MOVING A PATIENT, REGARDLESS OF HOW  
23 MANY AMBULANCES WE HAVE, COME INTO PLAY. SO, FOR EXAMPLE, IF  
24 WE'RE MOVING 20 PATIENTS A DAY AND WE HAVE-- IF WE'RE MOVING  
25 20 PATIENTS A DAY AND WE HAVE TWO A.C.L.S. AMBULANCES AND TWO



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1 B.L.S. AMBULANCES THAT ARE MOVING THOSE PATIENTS, THEN, ONCE  
2 THOSE FOUR AMBULANCES ARE DEPLOYED, THE INDIVIDUALS WHO ARE  
3 AWAITING TRANSFER, THE ADDITIONAL 16 PATIENTS WHO NEED TO BE  
4 TRANSFERRED CAN'T BE TRANSFERRED UNTIL WE EITHER GET ANOTHER  
5 AMBULANCE OR ONE OF THOSE AMBULANCES RETURNS. SO THERE'S JUST  
6 THE LOGISTICS OF ACTUALLY MOVING THE PATIENTS THAT SOMETIMES  
7 CAUSES DELAY. HOWEVER, WHAT WE DO IS WE PRIORITIZE THOSE THAT  
8 NEED TO BE MOVED. WE MOVE THE SICKEST FIRST. WE MOVE THE ONES  
9 WHO HAVE BEDS AND HAVE ASSIGNMENTS FIRST.

10

11 **SUP. BURKE:** WELL, YOU KNOW WHAT MY CONCERN IS. THAT WE GET  
12 PEOPLE TO THE HOSPITAL WHERE THEY NEED TO BE TREATED AND THAT  
13 WE MAKE IT POSSIBLE FOR THEM TO HAVE THE TRANSPORT TO GET  
14 THERE. AND, UNFORTUNATELY, I GUESS ONE OF THESE ISSUES IS ONE  
15 WHERE THAT DIDN'T HAPPEN.

16

17 **ANTOINETTE EPPS:** YES, THAT'S CORRECT. CAN I...?

18

19 **SUP. BURKE:** I THINK ON THE SAME DAY?

20

21 **ANTOINETTE EPPS:** I'M SORRY?

22

23 **SUP. BURKE:** I THINK BOTH OF THEM HAPPENED ON THE SAME DAY. I  
24 DON'T MEAN ONE AT A AND B, AS SHE REFERRED TO. I MEAN THE



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1 TRANSFER ISSUES THAT I HAVE RAISED AND THE TRANSFER ISSUES  
2 THAT ARE BECOMING AN ISSUE.

3

4 **ANTOINETTE EPPS:** ONE OF THE CASES THAT YOUR OFFICE REFERRED TO  
5 US DID HAPPEN ON A SATURDAY. IT WAS A FRIDAY NIGHT GOING TO A  
6 SATURDAY MORNING OR SUNDAY MORNING, I BELIEVE IT WAS A  
7 SATURDAY MORNING. THE TWO CASES THAT HAVE BEEN REFERRED TO  
8 TODAY ACTUALLY, IF MY CHECK OF MY CALENDAR IS CORRECT, BOTH OF  
9 THEM HAPPENED ON A WEDNESDAY.

10

11 **SUP. BURKE:** ON WEDNESDAYS? OKAY. I'M WRONG, THEN. THEY WERE  
12 BOTH ON WEDNESDAY.

13

14 **ANTOINETTE EPPS:** THE PATIENT PRESENTED ON A WEDNESDAY. AND  
15 THEN THAT MEANT...

16

17 **SUP. BURKE:** ON THE SAME WEEK? ON THE SAME FRIDAY? OKAY.

18

19 **DR. BRUCE CHERNOF:** ONE ADDITIONAL POINT, SUPERVISOR, IS THAT  
20 ALL EMERGENCY ROOMS IN LOS ANGELES COUNTY RIGHT NOW IN ALL THE  
21 PRIVATE HOSPITALS AND IN OUR OWN HOSPITALS ARE SOMEWHERE  
22 BETWEEN EXTRAORDINARILY CROWDED AND VERY, VERY, VERY  
23 EXTRAORDINARILY CROWDED SO MOVING A PATIENT TO ANOTHER SETTING  
24 THAT IS ALREADY OVERCROWDED IS NOT NECESSARILY A GOOD THING TO  
25 DO. AND WHAT WE-- IN ONE OF OUR HOSPITALS THAT WE'RE WORKING



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1 WITH, FOR EXAMPLE, THAT HAS TAKEN-- HAS DONE A REALLY FINE  
2 JOB, A REALLY FINE JOB TAKING AT ONE OF THE PRIVATE HOSPITALS  
3 DOESN'T ACTUALLY HAVE AN ACTIVE EMERGENCY ROOM, PER SE. ST.  
4 VINCENT'S DOES NOT HAVE AN EMERGENCY ROOM SO IT IS NOT IN THE  
5 POSITION TO DO THAT. AND ONE OF THE THINGS THAT ANTOINETTE AND  
6 THE LEADERSHIP DID WHEN IT BECAME CLEAR TO US THAT THERE WERE  
7 GOING TO BE POINTS IN TIME WHERE IT WAS MORE DIFFICULT TO  
8 TRANSFER PATIENTS IS WE ACTUALLY HAD THE PRIVATE HOSPITAL  
9 GROUP THAT IS PROVIDING THE INPATIENT DOCTORS THAT MANAGE OUR  
10 DOCTORS-- MANAGE OUR PATIENTS THE MAJORITY OF THE TIME, AT  
11 NIGHTS AND ON WEEKENDS, WE'VE ACTUALLY ADDED AN ADDITIONAL  
12 STAFF PERSON WHO ACTUALLY MANAGES THOSE PATIENTS. AND MOST OF  
13 THE PATIENTS WHO ARE WAITING HAVE PROBLEMS, NOT ALL. BECAUSE  
14 THERE ARE SOME VERY HIGHLY SPECIALIZED THINGS THAT NEED TO  
15 MOVE. BUT A FAIR NUMBER OF THE PATIENTS WHO ARE WAITING TO  
16 MOVE ACTUALLY COULD BE TREATED AT M.L.K.-HARBOR BUT WE DON'T  
17 HAVE A BED. SO OUR GOAL IS TO MOVE PEOPLE AS QUICKLY AS  
18 POSSIBLE, EVEN INTO REGULAR MEDICAL SURGICAL BEDS. BUT WE MADE  
19 THE ACTIVE DECISION TO STAFF THAT IN A FAR MORE AGGRESSIVE  
20 FASHION SO THAT WE'RE GIVING PEOPLE A HIGH LEVEL OF CARE EVEN  
21 AS THEY AWAIT A TRANSFER. BUT, TO BE HONEST, SUPERVISOR BURKE,  
22 THAT BECAME CLEAR, AS ANTOINETTE DESCRIBED, AS WE KIND OF GOT  
23 DOWN TO THE 48-BED FOOTPRINT RIGHT AROUND MARCH 1ST, AS WE  
24 WERE FUNCTIONING WITH AN EMERGENCY ROOM THAT'S SEEING 100  
25 PATIENTS A DAY, WHICH IS A VERY LARGE, ACTIVE EMERGENCY ROOM,



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1 WITH A TINY LITTLE HOSPITAL, BRICKS AND MORTAR HOSPITAL, 48  
2 BEDS, SITTING ON TOP OF IT AND THEN A VIRTUAL HOSPITAL SORT OF  
3 WRAPPED AROUND IT WITH ADDITIONAL BEDS, HOW TO DO THOSE  
4 TRANSFERS WELL AND TIMELY AND HOW TO SUPPORT PATIENTS AS WE  
5 BROUGHT ON BOTH OUR OWN BEDS IN OUR OWN HOSPITALS AS WELL AS  
6 WORK WITH OUR PRIVATE SECTOR COLLEAGUES.

7

8 **SUP. BURKE:** ARE THE STATE PEOPLE COGNIZANT OF THOSE ISSUES AND  
9 PROBLEMS?

10

11 **ANTOINETTE EPPS:** WE HAVE BEEN AS CANDID WITH THEM AS WE  
12 POSSIBLY CAN. WE HAVE WALKED THEM AROUND. WE HAVE SHOWN THEM.  
13 WE HAVE GIVEN THEM EVIDENCE THAT WE DID PICK UP THIS ISSUE IN  
14 MARCH AND THAT WE HAD BEEN WORKING THROUGH TRYING TO IMPROVE  
15 THIS PROCESS SINCE MARCH, THAT WE HAD A PLAN WHEN IT WAS  
16 OBVIOUS THAT THAT PLAN HAD ISSUES THAT NEEDED TO BE ADDRESSED,  
17 THAT WE MADE EVERY EFFORT TO ADDRESS THOSE ISSUES AND HAVE  
18 MADE CONSTANT ADJUSTMENTS TO DEAL WITH THE PATIENTS WHO  
19 PRESENT THEMSELVES AND THE SITUATIONS THOSE PATIENTS ARE IN.

20

21 **DR. BRUCE CHERNOF:** AND SUPERVISOR BURKE, YOU KNOW, THERE IS,  
22 TO THEIR MIND, THERE IS NO MODEL LIKE THIS. AND-- BUT I THINK  
23 THAT THEY HAVE A REAL SENSE FOR THE UNIQUENESS AND THE  
24 CHALLENGE THAT THIS RADICAL TRANSFORMATION HAS ENTAILED BUT





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1 THEY ALSO EXPECT APPROPRIATELY THAT WE'RE GOING TO MEET THEIR  
2 STANDARDS AND WE INTEND TO DO THAT.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. SUPERVISOR MOLINA?

5

6 **SUP. MOLINA:** YES. I SPOKE WITH MR. YAROSLAVSKY. I THINK HE AND  
7 I ARE SPEAKING ABOUT THE SAME THING AND I WANT IT TO BE  
8 UNDERSTOOD. THEY'RE TRYING TO REWRITE THE MOTION BUT BASICALLY  
9 WHAT IT IS IS THAT, NUMBER ONE, I STILL WANT THE REPORT AND I  
10 WANT US TO BE CLEAR. AND MAYBE YOU CAN JUST RESPOND IN THE  
11 SAME WAY BECAUSE, WHILE I'M GOING TO READ THIS OTHER ONE, I  
12 DON'T KNOW. I REALLY NEED YOU, DOCTOR, TO PRESENT A FULL  
13 REPORT OF THE STATE AND FEDERAL INVESTIGATIONS OF M.L.K.-  
14 HARBOR. THAT IS, THE STATUS OF THEM. I NEED TO KNOW WHAT THE  
15 PROCESS IS WHICH ARE THE QUESTIONS I WAS ASKING YOU EARLIER.  
16 WHAT IS THE PROCESS? NOT, YOU KNOW, WE'VE BEEN ASKED TO  
17 CORRECT. BUT WHAT DOES A CORRECTION MEAN? WHAT ARE THE STEPS?  
18 WHEN ARE YOU DOING IT? HOW ARE YOU DOING IT? WHAT DOES  
19 TRAINING MEAN? THOSE KIND OF THINGS. AND THE POTENTIAL  
20 IMPLICATIONS. I WANT TO UNDERSTAND THAT. SO I HOPE WE CAN GET  
21 A REPORT AS SOON AS POSSIBLE ON THAT. SOME OF IT MAY HAPPEN  
22 AND ACTION MAY OCCUR PRIOR TO NEXT TUESDAY BECAUSE YOU HAVE A  
23 REPORT THAT'S DUE FOR THEM ON FRIDAY. SECOND OF ALL, IT SAYS  
24 TO DIRECT THE DEPARTMENT HEALTH SERVICE TO PRESENT CONTINGENCY  
25 PLANS FOR DISCUSSION THAT ENSURES THE COUNTY'S CONTINUED



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1 PROVISION OF APPROPRIATE HEALTHCARE SERVICES IN THE EVENT THAT  
2 M.L.K.-HARBOR FAILS TO MEET FEDERAL STANDARDS WITHIN THE  
3 TIMELINES PRESENTED. NOW, I KNOW YOU AND I HAVE TALKED ABOUT  
4 THOSE CONTINGENCY PLANS AND I'M SURE YOU'VE SHARED THEM WITH  
5 OTHER BOARD OFFICES AND YOU DID SO IN CLOSED SESSION. I AM  
6 SAYING THAT YOU PRESENT THESE IN A PUBLIC SETTING AS TO WHAT  
7 THOSE POTENTIAL CONTINGENCY PLANS ARE. NOW, CONTINGENCY TO ME,  
8 SHOULD WE BE CLOSED? THAT MEANS, THEY SAY YOU'RE OUT OF LUCK,  
9 YOU'RE NO LONGER DOING BUSINESS, SHOULD THEY CLOSE US, THAT'S  
10 WHAT THAT MEANS. WHAT WOULD WE DO? WHAT WOULD BE YOUR  
11 RECOMMENDATION AS A CONTINGENCY OF HOW TO GET THESE BEDS BACK  
12 INTO OPERATION? AND THEY RANGE FROM EVERYTHING FROM  
13 CONTRACTING OUT TO STARTING OVER, TO DOING ALL KINDS OF OTHER  
14 THINGS. YOU SHARED SOME OF THESE THINGS WITH US. I NEED YOU TO  
15 PRESENT THAT. AND THEN COMMA, AFTER, WITHIN THE TIMELINES  
16 PRESENTED AND ELIMINATE NUMBER THREE AND WRITE INCLUDING, IN  
17 COLLABORATION WITH THE C.A.O., TO DEVELOP A PLAN FOR  
18 PRESENTATION ON JUNE THE 19TH THAT WILL BEGIN IMMEDIATELY--  
19 AND I DON'T WANT TO SAY DIVERTING BECAUSE THAT'S NOT THE  
20 CORRECT WORD-- DIRECTING ALL EMERGENCY PATIENTS FROM M.L.K.  
21 HARBOR TO APPROPRIATE CARE FACILITIES IN THE SURROUNDING  
22 COMMUNITY OR OTHER PUBLIC HOSPITALS, ENSURING ACCESS TO  
23 QUALITY CARE. LET ME TELL YOU THE DIFFERENCE, OKAY? BECAUSE I  
24 THINK THAT'S WHAT'S MISUNDERSTOOD. ONE IS A CONTINGENCY PLAN  
25 OF WHAT WE'RE GOING TO DO SHOULD THEY SHUT US DOWN. AND WHAT



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1 IS THIS GOVERNING BOARD GOING TO DO TO REOPEN THAT HOSPITAL  
2 AND THOSE BEDS? THAT'S A CONTINGENCY PLAN SHOULD THEY CLOSE  
3 US. HERE'S YOUR REVISED. WHY DON'T YOU PASS THEM OUT. AND THE  
4 OTHER IS A PLAN AS TO WHAT HAPPENS THAT DAY. YOU KNOW, LIKE,  
5 WHEN THE I.R.S. COMES IN AND CLOSES A BUSINESS. LET ME TELL  
6 YOU WHY. I HAD A MENTAL HEALTH FACILITY GO BANKRUPT IN MY  
7 DISTRICT ABOUT 10 YEARS AGO. ON A MONDAY MORNING, THEY CAME IN  
8 AND THEY LOCKED UP EVERYTHING. EVERYTHING. PATIENT RECORDS.  
9 YOU KNOW, DOCTORS WERE NOT INFORMED THAT DAY. PATIENTS WERE  
10 NOT INFORMED THAT DAY. AND SO, CONSEQUENTLY, EVERYBODY WAS  
11 STANDING OUTSIDE GOING, "WE CAN'T GET IN," EMPLOYEES AND  
12 EVERYONE ELSE. WE NEED TO KNOW THE DAY THAT MIGHT HAPPEN,  
13 HOPEFULLY IT WON'T HAPPEN, WHAT IS OUR PLAN? WE DIDN'T HAVE A  
14 PLAN. WE COULDN'T FIND THE OWNER TO LET US INTO FACILITY TO  
15 GET THE PATIENT RECORDS. WE HAD MENTALLY ILL FOLKS THAT NEEDED  
16 MEDICATION THAT WE COULDN'T EVEN ACCESS PRESCRIPTIONS. WE  
17 COULDN'T ACCESS THEIR MEDICAL RECORDS. WE COULDN'T ACCESS  
18 ANYTHING. AND SO I NEED TO KNOW WHAT WOULD BE THE PLAN FOR THE  
19 DAY THEY COME IN AND LOCK THE DOOR? WHAT IS THE DAY? HOW ARE  
20 WE GOING TO PLAN FOR THAT DAY? RIGHT NOW, YOU'RE ESTIMATING  
21 YOU HAVE OVER 392 EMERGENCY PATIENTS THAT ARE SEEN AND  
22 RELEASED EVERY DAY. NOW, I KNOW YOU DON'T HAVE ALL THE ANSWERS  
23 FOR THAT BECAUSE IT'S LIKE ANYTHING ELSE. WHEN THAT CLOSES,  
24 THEN EVERYTHING ELSE GETS FLOODED, OUR OWN HOSPITALS, HARBOR,  
25 L.A. COUNTY, U.S.C., CALIFORNIA, WHITE MEMORIAL, ST. FRANCIS,



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1 ALL OF THEM ARE GOING TO BE FLOODED BY THESE BY THESE 392  
2 PATIENTS. SO WHAT IT MEANS IS, ONE IS CONTINGENCY PLAN TO  
3 REOPEN THE FULL HOSPITAL. WE'VE ALWAYS HAD THE IDEA SHOULD  
4 SOMETHING HAPPEN, WE NEED A CONTINGENCY PLAN BECAUSE THE BEDS  
5 AT MARTIN LUTHER KING HOSPITAL ARE ABSOLUTELY ESSENTIAL FOR  
6 THIS COMMUNITY, WHETHER WE OPERATE IT OR SOMEBODY ELSE  
7 OPERATES. THAT'S A CONTINGENCY PLAN. THE THIRD PART OR THAT  
8 FOLLOW INCLUDING IN COLLABORATION WITH THE C.A.O. REPORT IS  
9 WHAT DO WE DO THAT DAY SHOULD THAT HAPPEN? SO IT'S DIFFERENT.  
10 I WANT EVERYONE TO UNDERSTAND. AND IT IS NOT DIVERTING. I  
11 MEAN, WE'RE NOT TAKING THAT PATIENT, STABILIZING THEM. WE'RE  
12 LITERALLY NOT OPEN THAT DAY. SO WHAT IS THE PLAN? I MEAN, HOW  
13 DO WE MAKE SURE THAT THAT HAPPENS? AND I DON'T THINK WE HAD  
14 PLANNED FOR THAT AND I WANT US TO PLAN FOR THAT. I AM NERVOUS.  
15 I DON'T UNDERSTAND WHAT IMMEDIATE JEOPARDY MEANS. I WANT TO  
16 UNDERSTAND IT AS MUCH AS POSSIBLE BUT I DO KNOW THAT, THAT THE  
17 DAY THAT THEY MIGHT CLOSE US AND ALL THOSE PHONE CALLS ARE  
18 GOING TO COME TO OUR OFFICE SAYING, "WHAT DO WE DO?" I WANT TO  
19 KNOW WHAT TO TELL THEM. AND THEY WILL CALL ME.

20

21 **C.A.O. JANSSEN:** JUST TO CLARIFY...

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** NO, I WANT TO-- BEFORE YOU DO, MS.  
24 BURKE, IF I CAN JUST TAKE A SHOT AT THIS.

25



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1   **SUP. BURKE:** FIRST OF ALL, AS FAR AS LONG AS IT SAYS  
2   IMMEDIATELY, IT'S VERY CLEAR WHAT IT'S SAYING.

3

4   **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, I WANT TO MAKE A  
5   SUGGESTION...

6

7   **SUP. MOLINA:** WELL, DO YOU WANT ME TO CHANGE ANOTHER WORD?

8

9   **SUP. BURKE:** WELL, I-- LET ME TELL YOU THIS. WHAT I THINK YOU  
10   SHOULD TAKE OUT IS YOU CAN HAVE THE PUBLIC BOARD MEETING THAT  
11   WILL TAKE OUT IMMEDIATELY, JUST SAY PROVIDE FOR EMERGENCY  
12   PATIENTS FOR M.L.K. HOSPITAL IN THE EVENT THE FUNDING IS...

13

14   **SUP. MOLINA:** NO, IT HAS NOTHING TO DO WITH THE FUNDING. IT HAS  
15   TO DO WITH THE FACT THAT WE NEED A PLAN SHOULD WE BE CLOSED.

16

17   **SUP. BURKE:** YOU HAVE THAT IN HERE.

18

19   **SUP. YAROSLAVSKY, CHAIRMAN:** SO LET ME-- HANG ON. HANG ON. LET  
20   ME-- I HAVE AN ALTERNATIVE. LET ME JUST TRY IT OUT, OKAY,  
21   BECAUSE I...

22

23   **C.A.O. JANSSEN:** I THINK YOU'RE SAYING THE SAME THING.

24



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, WE'RE SAYING IT VERBALLY AND  
2   I JUST WANT TO MAKE SURE WE'RE SAYING IT IN WRITING. WHAT I  
3   WANT TO SUGGEST, SUPERVISOR MOLINA, IF YOU CAN TAKE A LOOK AT  
4   YOUR-- I'M WORKING OFF OF YOUR AMENDMENT, NUMBER 2 WHERE IT  
5   SAYS, "INCLUDING IN COLLABORATION WITH THE C.A.O.", I'LL READ  
6   WHAT I HAVE WRITTEN. "IN COLLABORATION WITH THE C.A.O., THE  
7   DEVELOPMENT OF A CONTINGENCY PLAN FOR KING HARBOR'S EMERGENCY  
8   ROOM PATIENTS FOR PRESENTATION AT THE JUNE 26TH, 2007 PUBLIC  
9   BOARD MEETING" PERIOD. AND THEN THE LAST SENTENCE OF THE  
10   PARAGRAPH, THE GOAL WOULD REMAIN. THE INTERVENING SENTENCE  
11   WOULD BE DELETED. "THE GOAL OF THIS PLAN SHOULD BE TO MINIMIZE  
12   DISRUPTION AND ACCESS TO OUR QUALITY OF HEALTHCARE RECEIVED BY  
13   COMMUNITY RESIDENTS." NOW I THINK IT'S EXACTLY WHAT YOU...

14

15   **C.A.O. JANSSEN:** I THINK THAT'S WHAT YOU WERE SAYING.

16

17   **SUP. MOLINA:** YOU UNDERSTAND WHAT THAT MEANS THOUGH?

18

19   **SUP. YAROSLAVSKY, CHAIRMAN:** LET ME READ IT SLOWLY THEN BECAUSE  
20   I JUST WANTED TO TEST IT. SO WHAT IT WOULD BE IS...

21

22   **SUP. MOLINA:** HE UNDERSTANDS WHAT WE MEAN.

23

24   **SUP. KNABE:** WELL, I UNDERSTAND BUT WHY DON'T YOU JUST STOP IT  
25   AFTER JUNE 26TH, 2007 PUBLIC BOARD MEETING PERIOD?



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1

2 **SUP. BURKE:** YEAH, THAT'S...

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, THAT'S FINE. THE GOAL IS  
5 FINE, TOO. HERE, LET ME JUST READ IT TO YOU. IN COLLABORATION  
6 WITH THE C.A.O., STRIKE THE WORD "TO" AND PUT "THE"  
7 "DEVELOPMENT OF A AND THEN INSERT "CONTINGENCY" IN OTHER  
8 WORDS, A PLAN FOR KING HARBOR'S EMERGENCY ROOM PATIENTS,  
9 COMMA, FOR PRESENTATION AT THE JUNE 26TH, 2007 PUBLIC BOARD  
10 MEETING PERIOD. AND STRIKE THE REST OF THAT SENTENCE ALL THE  
11 WAY TO THE WORD HOSPITALS.

12

13 **SUP. BURKE:** BUT WHEN IS THAT? FOR THEM-- IN WHAT CASE? SEE,  
14 IT'S STILL INDICATING THAT IMMEDIATELY ON THE 26TH YOU'RE  
15 GOING TO HAVE A PLAN TO START DIVERTING THEM.

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** NO. THAT'S NOT WHAT IT SAYS. AND  
18 WE'VE TAKEN OUT THE WORDS IMMEDIATELY AND DIVERTING AND  
19 DIRECTING AND ALL THAT. WHAT SUPERVISOR MOLINA AND I TALKED  
20 PRIVATELY ABOUT IS SHE WANTS A CONTINGENCY PLAN FOR WHAT  
21 HAPPENS...

22

23 **C.A.O. JANSSEN:** IN CASE OF CLOSURE.

24

25 **SUP. BURKE:** WE WANT A PLAN IN CASE IT CLOSES.





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1

2 **C.A.O. JANSSEN:** IN CASE OF CLOSURE.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** IN CASE IT CLOSES AND THIS  
5 INCLUDES THE EMERGENCY ROOM AND THAT'S WHAT WAS MISSING AND  
6 THAT'S FINE.

7

8 **SUP. BURKE:** WELL, YOU SHOULD SAY THAT. YOU SHOULD JUST SAY IN  
9 CASE IT CLOSES, WE WANT A CONTINGENCY PLAN FOR EMERGENCY  
10 PATIENTS.

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** BUT THAT'S WHAT IT SAYS. IF YOU  
13 READ AT THE BEGINNING OF PARAGRAPH 2, IT SAYS, DIRECT THE  
14 DEPARTMENT OF HEALTH SERVICES TO PRESENT CONTINGENCY PLANS FOR  
15 DISCUSSION AT A PUBLIC BOARD MEETING <INAUDIBLE> IN THE EVENT  
16 THAT M.L.K. HARBOR IS UNSUCCESSFUL IN MEETING FEDERAL  
17 STANDARDS.

18

19 **SUP. BURKE:** WELL, THEN, THAT'S ALL YOU NEED. THAT'S ALL YOU  
20 NEED. IF YOU STOP AT TIME FRAME AND JUST CHANGE IT TO-- YOU  
21 KNOW.

22

23 **SUP. KNABE:** WELL, THAT'S WHAT I SAID. JUST IF YOU HAVE A  
24 PERIOD AFTER JUNE 26TH, 2007 PUBLIC BOARD MEETING THAT'S ALL  
25 YOU NEED.



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1

2 **SUP. BURKE:** THAT'S ALL YOU NEED.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** I DON'T DISAGREE BUT IF YOU ADD  
5 THE WORD "INCLUDING THE EMERGENCY ROOM," WHAT HARM DOES IT DO?  
6 IT JUST SPELLS IT OUT. IT DOESN'T SAY ANYTHING ABOUT DIVERTING  
7 OR CLOSING OR ANYTHING. IF IT CLOSES, YOU WANT A CONTINGENCY  
8 PLAN FOR THAT. I DON'T THINK IT'S A PROBLEM. YOU HAVE A  
9 CONCERN BOUT THAT?

10

11 **SUP. BURKE:** WELL, YOU COULD SAY EMERGENCY, APPROPRIATE  
12 HEALTHCARE AND EMERGENCY SERVICES IF THAT'S WHAT YOU WANT.  
13 APPROPRIATE HEALTH CARE AND EMERGENCY SERVICES.

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** EMERGENCY SERVICE AND EMERGENCY  
16 ROOM PATIENTS, TO ME, IS THE SAME THING. IT'S NOT MY MOTION...

17

18 **SUP. BURKE:** OKAY. AND YOU CAN STOP RIGHT AFTER THE PUBLIC  
19 MEETING.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IS YOUR CONCERN?

22

23 **ANTOINETTE EPPS:** I JUST WANT TO MAKE SURE THAT WHATEVER  
24 LANGUAGE GETS MEMORIALIZED IN WHATEVER YOU ALL WANT TO DO THAT  
25 WE RECOGNIZE THAT, IF I'M OPERATING AN EMERGENCY ROOM, I HAVE



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1 TO BE ABLE TO TAKE CERTAIN KINDS OF AMBULANCE TRAFFIC. AND THE  
2 CONCERN THAT I HAD ON THE ORIGINAL MOTION WAS THE WAY THAT IT  
3 WAS WRITTEN. BASICALLY, I'D HAVE TO CLOSE THE EMERGENCY ROOM  
4 BECAUSE...

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, BUT IT'S NOT GOING TO BE  
7 WRITTEN THE WAY IT WAS ORIGINALLY WRITTEN. THAT'S WHAT WE'RE  
8 WORKING ON. SO IF WE HAVE A MOTION THAT SAYS, ESSENTIALLY,  
9 THAT ALL WE'RE LOOKING FOR IS A CONTINGENCY PLAN, ALL WE'RE  
10 LOOKING FOR IS A CONTINGENCY PLAN-- IS IT UNREASONABLE FOR THE  
11 BOARD OF SUPERVISORS TO SAY-- TO ASK YOU, AS WE ALREADY HAVE,  
12 WHAT IS YOUR CONTINGENCY PLAN IF THE HOSPITAL CLOSES? WHAT ARE  
13 YOU GOING TO DO WITH THE PATIENTS IN THE HOSPITAL? WHAT ARE  
14 YOU GOING TO DO WITH THE EMERGENCY ROOM PATIENTS? WHAT ARE YOU  
15 GOING TO DO WITH URGENT CARE? WHAT ARE YOU GOING TO DO WITH  
16 EVERYTHING?

17

18 **DR. BRUCE CHERNOF:** THAT IS PERFECTLY APPROPRIATE. THAT'S AN  
19 APPROPRIATE REQUEST.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** THAT'S ALL THIS DOES. THE  
22 DIFFERENCE IS...

23

24 **SUP. BURKE:** BUT SEE, ONLY THING IS, YOU'VE GOT CONTINGENCY  
25 TWICE. IN 2, IT SAYS DIRECT THE DEPARTMENT OF HEALTH SERVICES



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1 TO PRESENT CONTINGENCY PLANS FOR DISCUSSION AND IF YOU WANT TO  
2 SAY AT THE JUNE 26TH PUBLIC BOARD MEETING, JUNE 26TH PUBLIC  
3 BOARD MEETING THAT ENSURES COUNTY'S CONTINUED PROVISIONS OF  
4 APPROPRIATE HEALTHCARE AND SERVICES IN THE EVENT M.L.K. IS  
5 UNSUCCESSFUL IN MEETING FEDERAL STANDARDS WITHIN THE  
6 DESIGNATED TIMEFRAME. THAT TAKES CARE OF EVERYTHING YOU'VE  
7 SAID. NOW IF YOU WANT THE C.A.O. IN THERE, YOU CAN SAY THE  
8 DEPARTMENT OF HEALTH SERVICES AND C.A.O. TO PRESENT  
9 CONTINGENCY PLANS FOR DISCUSSION AT THE JUNE 26TH PUBLIC BOARD  
10 MEETING. THAT ENSURES THIS COUNTY'S CONTINUED PROVISION OF  
11 APPROPRIATE HEALTHCARE AND EMERGENCY SERVICES TO THE COMMUNITY  
12 IN THE EVEN M.L.K. IS UNSUCCESSFUL...

13

14 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. AND SO YOU'RE INSERTING  
15 EMERGENCY SERVICES AFTER HEALTHCARE?

16

17 **SUP. BURKE:** THAT'S RIGHT AND YOU CAN END IT AT TIME FRAME.

18

19 **SUP. MOLINA:** WELL, I'M GOING TO ASK. HEY, I GET IT. I GOT IT  
20 THE FIRST TIME. I WANT TO KNOW WHAT THEY GET. YOU TELL ME WHAT  
21 THAT MOTION SAYS TO YOU SO THAT WE ALL ARE ON THE SAME PAGE,  
22 THAT WE UNDERSTAND WHAT'S HAPPENING ON THE 26TH.

23

24 **DR. BRUCE CHERNOF:** MY UNDERSTANDING IS THAT YOU ARE ASKING ME  
25 TO COME FORWARD AT THE PUBLIC MEETING ON THE 26TH AND PRESENT



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1 A CONTINGENCY PLAN THAT COVERS ALL FACETS OF THE CURRENT  
2 HOSPITAL OPERATION, INCLUDING THE EMERGENCY ROOM, SHOULD WE  
3 GET A REQUIREMENT TO CLOSE THAT I WOULD IMPLEMENT AS A RESULT  
4 OF THAT CLOSURE BUT NOT BEFORE.

5

6 **SUP. MOLINA:** ALL RIGHT. SO THAT MEANS AND I WANT YOU TO  
7 UNDERSTAND THIS THAT IT ISN'T JUST WE WILL NOW BEGIN, WE WILL  
8 PUT OUT AN R.F.P. TO CONTRACT OUT THESE BEDS. THAT'S FOR  
9 FUTURE OPENING OF THE HOSPITAL BEDS. BUT THE DAY WE GET THAT  
10 NOTICE OF CLOSURE, WHAT ARE YOU GOING TO DO WITH THOSE  
11 PATIENTS THAT CONTINUE TO COME? FOR EXAMPLE, WHEN WE CLOSED  
12 DOWN THE TRAUMA, WE HAD A PLAN IN PLACE. THEY WERE GOING TO GO  
13 TO CALIFORNIA. WE MADE ARRANGEMENTS WITH CALIFORNIA THAT  
14 THAT'S WHERE TRAUMA WOULD GO. NOW, WE KNOW THAT TRAUMA ALSO  
15 WENT TO L.A. COUNTY U.S.C. AND TO OTHER AREAS AND WE HAD TO  
16 ABSORB THAT. SO THAT'S KIND OF WHAT I'M ASKING. WHERE WILL  
17 THEY GO AND HOW WILL THAT WORK? THAT'S ALL I'M ASKING. NOTHING  
18 BEYOND THAT.

19

20 **DR. BRUCE CHERNOF:** UNDERSTOOD.

21

22 **SUP. MOLINA:** GOOD.

23

24 **SUP. BURKE:** AND ST. FRANCIS AND ALL THE OTHER HOSPITALS ARE  
25 VERY COGNIZANT OF WHAT THOSE DYNAMICS ARE. AND I THINK THAT



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1 THEY WILL BE VERY PLEASED TO SHARE WITH YOU WHAT THE REALITIES  
2 ARE IN TERMS OF THEIR ABILITIES. BUT, YOU KNOW, TIMES CHANGE.  
3 AND THEY MAY BE IN A DIFFERENT SITUATION IN AUGUST THAN THEY  
4 ARE NOW.

5

6 **SUP. MOLINA:** WELL, THEY HAVE THE SAME DUTY WE DO AND THAT IS  
7 TO PROVIDE PATIENT CARE TO ALL PEOPLE WHO SHOW UP IN THEIR  
8 EMERGENCY ROOM. RIGHT?

9

10 **DR. BRUCE CHERNOF:** YES.

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. SO WE HAVE THAT. DO YOU HAVE  
13 THE LANGUAGE NOW?

14

15 **SUP. MOLINA:** AS AMENDED.

16

17 **CLERK SACHI HAMAI:** AS AMENDED. DO YOU WANT ME TO READ?

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** ONE TIME. SINCE WE'RE ALL ON THE  
20 SAME PAGE.

21

22 **SUP. KNABE:** DO NOT CLARIFY. I UNDERSTAND.

23

24 **CLERK SACHI HAMAI:** ON ITEM NUMBER 2, IT'S DIRECT THE  
25 DEPARTMENT OF HEALTH SERVICES, IN COLLABORATION WITH THE CHIEF



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1 ADMINISTRATIVE OFFICER, TO PRESENT CONTINGENCY PLANS,  
2 INCLUDING THE EMERGENCY ROOM SERVICES, FOR DISCUSSION AT THE  
3 JUNE 26TH, 2007 PUBLIC BOARD MEETING THAT ENSURES THIS  
4 COUNTY'S CONTINUED PROVISION OF APPROPRIATE HEALTHCARE  
5 SERVICES TO THE COMMUNITY IN THE EVENT THAT M.L.K.-HARBOR IS  
6 UNSUCCESSFUL IN MEETING FEDERAL STANDARDS WITHIN THE  
7 DESIGNATED TIMEFRAME. THE REMAINDER OF WHAT WAS ORIGINALLY  
8 INCLUDED IS ELIMINATED.

9

10 **SUP. YAROSLAVSKY, CHAIRMAN:** WILL BE DELETED. SO BEFORE WE VOTE  
11 ON THAT, I HAVE SOME QUESTIONS OF DR. CHERNOF THAT ARE  
12 PERIPHERALLY RELATED. I MEAN, IT'S ON THE SUBJECT OF THE  
13 HOSPITAL BUT NOT ON MS. MOLINA'S MOTION. AND I WANT TO SEE IF  
14 YOU HAVE ANY RESPONSE TO ME NOW. AND, IF NOT, IF YOU COULD GET  
15 IT TO US. WHEN THE PROBLEM OCCURRED AT M.L.K. WITH THE  
16 HOSPITAL, WITH THE LADY WHO PASSED AWAY, I'M NOT SURE, MRS.  
17 RODRIGUEZ, IT IS NOT A SECRET, WE WERE ADVISED BY THE POWERS  
18 THAT BE THAT, AMONG OTHER THINGS, MAYBE IT WAS IN THE  
19 E.M.T.A.L.A. FINDINGS THAT THERE WERE PHYSICIAN ASSISTANTS  
20 THAT WERE ON DUTY THAT DIDN'T RESPOND? AM I SAYING THAT  
21 CORRECTLY? WELL, LET ME READ YOU FROM MY NOTES. IT'S MY  
22 UNDERSTANDING, IT IS MORE THAN MY UNDERSTANDING, I KNOW THAT  
23 WE HAVE CONTRACTED WITH A PHYSICIAN GROUP TO RUN THE EMERGENCY  
24 ROOM, CORRECT?

25





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1    **DR. BRUCE CHERNOF:** THAT'S CORRECT.

2

3    **SUP. YAROSLAVSKY, CHAIRMAN:** AND THAT STARTED ON DECEMBER 1ST.

4    IF WE CONTRACTED FOR PHYSICIAN SERVICES FOR THE EMERGENCY

5    DEPARTMENT, WHY WERE PHYSICIAN ASSISTANTS, AS I UNDERSTAND IT,

6    USED AT THE FACILITY, AT THE EMERGENCY ROOM, AT KING? WERE THE

7    CONTRACTED PHYSICIANS, WERE THEY SUPPOSED TO-- WERE THE

8    CONTRACTED PHYSICIANS SUPPOSED TO PROVIDE OVERSIGHT OR WERE

9    THE PHYSICIAN ASSISTANTS SUPPOSED TO PROVIDE THE OVERSIGHT?

10    AND WHAT IS OUR STANDARD PRACTICE IN THIS REGARD WHEN WE

11    CONTRACT WITH A PHYSICIANS GROUP TO PROVIDE SERVICES IN AN

12    EMERGENCY DEPARTMENT? WHO IS SUPPOSED TO BE THERE?

13

14    **DR. BRUCE CHERNOF:** LET ME ANSWER THE KIND OF HIGH LEVEL

15    OPERATIONAL QUESTIONS...

16

17    **SUP. YAROSLAVSKY, CHAIRMAN:** I'M SORRY, THIS IS NOT THE

18    RODRIGUEZ CASE, IT IS THE OTHER CASE. MY STAFF CORRECTED ME.

19    IT IS THE SAME PROBLEM.

20

21    **DR. BRUCE CHERNOF:** BUT STILL, SUPERVISOR, LET ME ANSWER YOUR

22    QUESTION. IT IS COMMON IN LOS ANGELES COUNTY IN HOSPITALS FOR

23    EMERGENCY ROOM PHYSICIANS TO-- WHEN THEY RUN, MOST EMERGENCY

24    ROOMS ARE ACTUALLY RUN BY PRIVATE MEDICAL GROUPS. AND THEY

25    COMMONLY BRING IN-- I MEAN, WE TEND TO THINK ABOUT "THE



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1 DOCTOR" BUT THEY TEND TO BRING IN A TEAM OF LICENSED  
2 INDIVIDUALS THAT CAN INCLUDE PHYSICIANS ASSISTANTS AND NURSE  
3 PRACTITIONERS. THAT'S NOT UNCOMMON IN SOUTHERN CALIFORNIA AS  
4 AN OPERATING MODEL. WE, IN FACT, IN OUR OWN EMERGENCY ROOMS,  
5 THE ONES THAT WE OWN AND OPERATE, WE ACTUALLY USE NURSE  
6 PRACTITIONERS AND OTHER LICENSED PRACTITIONERS AS JUST PART OF  
7 THE DAY-TO-DAY EVALUATION OF PATIENTS. SO WHEN WE BROUGHT ON  
8 C.E.P., WE BROUGHT THEM ON TO USE THEIR KIND OF STANDARD  
9 OPERATING MODEL. SO THAT'S ONE QUESTION. YOUR SECOND QUESTION  
10 WAS KIND OF WHAT DO WE DO IN OUR OTHER HOSPITALS? AND THE  
11 REALITY IS, EVEN IN THE ONES THAT WE OPERATE, WE DO USE NURSE  
12 PRACTITIONERS TO PLAY A ROLE IN EVALUATION. WITH RESPECT TO  
13 THE SPECIFIC ISSUES, THE PHYSICIANS WERE ON DECK THE NIGHT  
14 THAT THE EVENT OCCURRED AND THE PHYSICIAN ASSISTANTS WERE PART  
15 OF THE TEAM THAT THE CONTRACTOR...

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IS A PHYSICIAN ASSISTANT?  
18 WHAT IS THE EDUCATIONAL BACKGROUND AND THE TRAINING OF A  
19 PHYSICIAN ASSISTANT?

20

21 **DR. BRUCE CHERNOF:** A PHYSICIAN ASSISTANT HAS TO PRACTICE UNDER  
22 AN APPROVED-- THEY GO THROUGH A FORMAL TRAINING. THEY HAVE TO--  
23 - THEIR SCOPE OF PRACTICE IS LIMITED TO THAT WHICH IS APPROVED  
24 BY THE MEDICAL STAFF OF A HOSPITAL. SO ALL THEIR WORK NEEDS TO



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1 BE WITHIN RULES AND-- APPROVED RULES AND REGULATIONS OF THE  
2 HOSPITAL.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IS A PHYSICIAN ASSISTANT  
5 ALLOWED TO DO?

6

7 **ANTOINETTE EPPS:** IT DEPENDS ON THE SETTING. IN THIS PARTICULAR  
8 INSTANCE, THE ROLE OF THE PHYSICIAN ASSISTANT WAS TO GATHER  
9 INFORMATION AND DO AN INITIAL ASSESSMENT OF THE PATIENT AND  
10 THE SUPERVISING PHYSICIAN WAS TO OVERSEE THAT ASSESSMENT, ANY  
11 TREATMENT PLANNING THAT MIGHT HAVE BEEN DONE BY THE PHYSICIAN  
12 ASSISTANT AND WOULD HAVE TO HAVE AGREED WITH THE ASSESSMENT.  
13 THE PHYSICIAN HAS TO LOOK AT THE PATIENT, AGREE WITH THE  
14 ASSESSMENT AND AGREE WITH ANY TREATMENT PLAN THAT WAS  
15 RECOMMENDED BY THE P.A. OR ALTER THAT TREATMENT PLAN AND WRITE  
16 ONE OF HIS OWN AND THEN SIGN HIS OR HER NAME.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT-- IS A PHYSICIAN ASSISTANT,  
19 ON THE FOOD CHAIN, AT A HIGHER PLACE THAN THE PARAMEDIC? OR  
20 BELOW A PARAMEDIC?

21

22 **ANTOINETTE EPPS:** I WOULD SAY AT A HIGHER PLACE THAN A  
23 PARAMEDIC. THEY HAVE MORE TRAINING THAN A PARAMEDIC HAS.

24



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IS THE EDUCATIONAL  
2   REQUIREMENT FOR PHYSICIAN ASSISTANT? THEY NEED TO HAVE A  
3   BACHELOR'S OF SCIENCE DEGREE IN SOMETHING?

4

5   **ANTOINETTE EPPS:** GENERALLY, THEY HAVE A BACHELOR'S OF SCIENCE  
6   DEGREE AND THEN MANY OF THEM GO TO PHYSICIAN ASSISTANT SCHOOL,  
7   A TRAINING PROGRAM. IS THAT TWO YEARS OR FOUR YEARS? I DON'T  
8   REMEMBER.

9

10   **SUP. YAROSLAVSKY, CHAIRMAN:** CAN THEY GIVE SHOTS?

11

12   **ANTOINETTE EPPS:** THEY CAN DO CERTAIN TYPES OF TREATMENTS UNDER  
13   PROTOCOL THAT IS-- THEY RECEIVE SOMETHING THAT WE CALL  
14   PRACTICE PREROGATIVES THAT SAY THE KINDS OF THINGS THAT THEY  
15   CAN DO AND THEN WE CAN ESTABLISH PROTOCOLS THAT THEY USE THAT  
16   SAY THAT, IF A PATIENT COMES IN WITHIN THIS-- AND HAS THIS  
17   NARROW SET OF PRESENTING SIGNS AND SYMPTOMS, DO A OR DO B OR  
18   DO C. IF THE PATIENT HAS SOMETHING OUTSIDE OF THAT NARROW SET  
19   OF SIGNS AND SYMPTOMS, THEY HAVE TO CONSULT THE PHYSICIAN,  
20   EVEN IF THEY HAVE A PREROGATIVE OR PROTOCOL IN PLACE. THERE  
21   ARE ONLY CERTAIN THINGS THEY CAN DO.

22

23   **SUP. YAROSLAVSKY, CHAIRMAN:** I UNDERSTAND. CAN THEY DO A  
24   TRACHEAL SURGICAL PROCEDURE?

25



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1    **ANTOINETTE EPPS:** NO, SIR.

2

3    **SUP. YAROSLAVSKY, CHAIRMAN:** UNDER NO CIRCUMSTANCES.

4

5    **ANTOINETTE EPPS:** NO, SIR.

6

7    **SUP. YAROSLAVSKY, CHAIRMAN:** CAN THEY REQUIRE A CAT SCAN BE  
8    DONE IF SOMEBODY COMES IN AND THEY ARE COMPLAINING OF A  
9    TERRIBLE HEADACHE, SPLITTING HEADACHE?

10

11   **ANTOINETTE EPPS:** IT IS POSSIBLE THAT THEY COULD ORDER CERTAIN  
12   EXAMINATIONS LIKE X-RAYS, LABORATORY AND SO FORTH IF IT FITS  
13   WITHIN THE PARAMETERS OF THE PROTOCOL THAT THEY'RE OPERATING  
14   UNDER.

15

16   **SUP. MOLINA:** AND UNDER THE SUPERVISION OF A DOCTOR.

17

18   **ANTOINETTE EPPS:** YES, MA'AM.

19

20   **SUP. YAROSLAVSKY, CHAIRMAN:** I DON'T WANT TO GET INTO THE  
21   DETAILS OF THE CASE BUT WERE THERE PHYSICIANS PRESENT IN BOTH  
22   INSTANCES?

23

24   **ANTOINETTE EPPS:** YES.

25



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** IN THE CASES WE'VE BEEN TALKING  
2   ABOUT?

3

4   **ANTOINETTE EPPS:** YES, SIR. C.E.P. HAD MEDICAL PHYSICIAN  
5   STAFFING IN THEIR CONTRACT. ON THE DAYS IN QUESTION WHERE  
6   THESE INCIDENTS OCCURRED, C.E.P. MET THE MINIMUM OF STAFFING  
7   REQUIREMENT OF THEIR CONTRACT AND, IN SOME CASES, EXCEEDED IT  
8   BECAUSE THEY WILL PROVIDE ADDITIONAL PROVISIONS TO US IF  
9   PATIENT VOLUMES WARRANT. IN ADDITION TO THE MINIMUM PHYSICIAN  
10   STAFFING, WE ALSO HAVE THE STAFFING OF THE P.A.S THAT WERE  
11   ASSIGNED IN URGENT CARE UNDER THE C.E.P. CONTRACT.

12

13   **SUP. MOLINA:** CAN I ASK ON THAT?

14

15   **SUP. YAROSLAVSKY, CHAIRMAN:** GO AHEAD.

16

17   **SUP. MOLINA:** BECAUSE THAT'S A CITATION WE HAVEN'T RECEIVED OR  
18   THE VIOLATION, WHICH IS, IF THE PHYSICIANS WERE SUPPOSED TO BE  
19   SUPERVISING THE PHYSICIAN ASSISTANTS, WHY WEREN'T THEY DOING  
20   IT?

21

22   **ANTOINETTE EPPS:** I DON'T KNOW THAT I CAN ANSWER YOUR QUESTION,  
23   GIVEN WHAT THE LAWYER HAS ADVISED US NOT TO TALK ABOUT THE  
24   SPECIFICS OF THE CASE. I'D BE HAPPY TO GIVE YOU...

25



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1   **SUP. MOLINA:** I DON'T WANT ANY SPECIFICS OF THE CASE. I JUST  
2   WANT TO KNOW IF THEY'RE SUPPOSED TO SUPERVISE, WHY AREN'T THEY  
3   SUPERVISING? BECAUSE YOU KNOW, ANTOINETTE, BELIEVE IT OR NOT,  
4   WE'VE HAD A PHYSICIAN ASSISTANT DO A STERILIZATION ON A WOMAN  
5   AT L.A. COUNTY U.S.C.

6

7   **ANTOINETTE EPPS:** THAT'S NOT A GOOD THING.

8

9   **SUP. MOLINA:** NOT A GOOD THING. BUT IT HAS HAPPENED. AND SO  
10   WHAT I'M TRYING TO SAY IT ISN'T JUST AT M.L.K. IT CAN HAPPEN  
11   ANYWHERE. AND THE QUESTION, WAY BACK THEN, AT LEAST EIGHT  
12   YEARS AGO IS, WHY DIDN'T THE PHYSICIAN SUPERVISING THAT  
13   PHYSICIAN ASSISTANT, WHY DIDN'T HE CATCH THIS PHYSICIAN  
14   ASSISTANT COULD NOT STERILIZE THIS WOMAN? AND SO THAT GOES  
15   BACK TO THE SAME PREMISE. WHY WEREN'T THEY SUPERVISING?

16

17   **ANTOINETTE EPPS:** THE PROCESS THAT I WOULD DESCRIBE FOR C.E.P.  
18   IS NOT THE PROCESS THAT'S IN QUESTION OR THAT I ANTICIPATE IS  
19   GOING TO BE IN QUESTION WITH THE PATIENT B IMMEDIATE JEOPARDY  
20   THAT WE ARE GOING TO RECEIVE. THE MATTER OF THE-- AS I  
21   ANTICIPATE, THE MATTER OF THE PHYSICIAN ASSISTANT INVOLVEMENT  
22   IN PATIENT B'S CARE IS NOT DIRECTLY RELATED TO C.E.P. AND HOW  
23   THEY STAFF THE EMERGENCY ROOM. IT IS RELATED TO THE WAY THAT A  
24   CONSULTATION WAS CALLED FOR, FOR A SERVICE TO COME THAT WAS  
25   NOT RESIDENT IN THE EMERGENCY ROOM AND THAT SERVICE SENT A





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1    PHYSICIAN'S ASSISTANT TO GATHER DATA AND DO THE INITIAL  
2    ASSESSMENT OF THE PATIENT. WHAT I ANTICIPATE RECEIVING IS A  
3    CITATION THAT WE DID NOT FOLLOW THE PROCESS THAT I OUTLINED  
4    WHEN I DESCRIBED WHAT WAS SUPPOSED TO HAPPEN WITH THAT  
5    PHYSICIAN ASSISTANT. THAT INDIVIDUAL WOULD COME AND GATHER  
6    DATA. THEY WOULD TAKE THE HISTORY AND PHYSICAL. THEY'D TAKE AN  
7    INITIAL ASSESSMENT OF THE PATIENT. THEY WOULD WRITE OUT A  
8    TREATMENT PLAN AND THEN THE PHYSICIAN WOULD COME AND NOT JUST  
9    WRITE-- SIGN THEIR NAME BUT WRITE THAT THEY AGREE WITH WHAT  
10   THE PHYSICIAN ASSISTANT HAD DONE. MY IMPRESSION IS THAT THAT  
11   WAS NOT THE CASE IN THIS INSTANCE AND THE FAILURE WAS ON THE  
12   PART OF THE SUPERVISING PHYSICIAN. THEY SHOULD HAVE BEEN  
13   ATTENDANT AND DOCUMENTED THAT THEY WERE IN ATTENDANT. IT ISN'T  
14   GOOD ENOUGH TO SAY, SAY, "OH, YES, I AGREED WITH THAT, THAT'S  
15   WHY I SIGNED MY NAME." THAT'S NOT GOOD ENOUGH. THEY HAVE TO  
16   SAY WHAT THEY'RE AGREEING WITH. AND THAT'S WHAT WE WERE CITED  
17   WITH OR WE ANTICIPATE WE'RE GOING TO BE CITED FOR FAILING TO  
18   HAVE THAT DOCUMENTATION IN PLACE.

19

20   **SUP. MOLINA:** SO WHEN, IN FACT, POTENTIALLY, THERE IS A LAWSUIT  
21   HERE, WILL IT BE THE RESPONSIBILITY OF THAT DOCTOR WHO DIDN'T  
22   DO IT? OR WILL WE BE HELD LIABLE FOR THAT?

23



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1 **DR. BRUCE CHERNOF:** THIS INVOLVES A COUNTY PHYSICIAN SO IT  
2 WOULD-- AND THE PRIVATE PHYSICIANS THAT ARE WORKING WITH US,  
3 SUPERVISOR MOLINA...

4

5 **SUP. MOLINA:** SO THESE ARE NOT THE CONTRACT DOCS?

6

7 **DR. BRUCE CHERNOF:** IN THE INSTANCE THAT SUPER...

8

9 **ANTOINETTE EPPS:** NO, MISS.

10

11 **DR. BRUCE CHERNOF:** IN THE INCIDENT, MY APOLOGIES, THAT MS.  
12 EPPS WAS DESCRIBING, MY UNDERSTANDING, AND CORRECT ME IF I'M  
13 WRONG, IS THAT ACTUALLY WAS A COUNTY PHYSICIAN, NOT A  
14 CONTRACTOR.

15

16 **ANTOINETTE EPPS:** RIGHT.

17

18 **SUP. MOLINA:** HAD IT BEEN A CONTRACT, WOULD IT HAVE BEEN THEIR  
19 LIABILITY OR OUR LIABILITY?

20

21 **PATRICIA PLOEHN:** SUPERVISOR MOLINA, MY RECOLLECTION IS THAT WE  
22 INDEMNIFY AND DEFEND THOSE CONTRACT ATTORNEYS BUT THAT IS MY  
23 RECOLLECTION. I HAVEN'T LOOKED AT THAT CONTRACT RECENTLY.

24

25 **DR. BRUCE CHERNOF:** THAT'S MY RECOLLECTION, AS WELL.



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1

2 **ANTOINETTE EPPS:** CONTRACT PHYSICIANS.

3

4 **DR. BRUCE CHERNOF:** YES.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. ANY OTHER DISCUSSION? IF  
7 NOT, WE HAVE SUPERVISOR MOLINA'S MOTION AS AMENDED BEFORE US.  
8 SHE'LL MOVE IT. I'LL SECOND IT, WITHOUT OBJECTION, UNANIMOUS  
9 VOTE. THANK YOU VERY MUCH.

10

11 **CLERK SACHI HAMAI:** WE ARE DONE WITH ADJOURNMENTS.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** WE HAVE SECRETARY OF STATE ITEM.  
14 REGISTRAR RECORDER ITEM WHICH I'D LIKE TO TAKE INTO CLOSED  
15 SESSION FIRST BUT I WANT TO ADVISE THAT IT IS CONCEIVABLE  
16 THAT, AFTER WE HAVE THE CLOSED SESSION, WE WILL COME BACK OUT  
17 HERE TO ACT ON THE MATTER IN SOME FASHION SO I'M SURE SHE'S  
18 LISTENING CLOSELY.

19

20 **CLERK SACHI HAMAI:** WE HAVE ITEM C.S.-3 AND C.S.-4. THERE ARE  
21 MEMBERS OF THE PUBLIC THAT WOULD LIKE TO SPEAK ON THOSE.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** LET ME HAVE ALL THE CARDS. C.S.-4,  
24 CHRIS EDWARDS AND DR. CLAVREUL.

25



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1   **CHRIS EDWARDS:** MY CONCERN ABOUT C.S.-4 IS I HOPE THAT ONE OF  
2   THE ISSUES THAT WILL BE DISCUSSED IN YOUR CLOSED SESSION WILL  
3   BE THE MYSTERIOUS P.A.R. PATIENT THAT DIED ABOUT THE SAME TIME  
4   AS SOME OF THESE ISSUES HAVE HAPPENED SINCE APPARENTLY NO ONE  
5   SEEMS TO BE CONCERNED ABOUT THAT DEATH, I HOPE IT IS DISCUSSED  
6   IN CLOSED SESSION. I WOULD LIKE TO BRING TO YOUR ATTENTION ONE  
7   ISSUE THAT WAS OF CONCERN TO BE THAT WAS BROUGHT UP IN THE  
8   REPORT ABOUT THE PASSAGE RATE OF THE NURSING STAFF.  
9   CONSIDERING THAT WE PAID BOTH CAMDEN AND NAVIGANT HANDSOME  
10   FEES TO ASSESS, PREPARE AND TRAIN THE NURSING STAFF AT KING  
11   HARBOR, WHY DID SO FEW PASS WHEN DR. CHERNOF HAD THEM  
12   ASSESSED? YOU SHOULD BE ASKING THAT QUESTION BECAUSE THAT'S  
13   GRAVELY CONCERN-- 40 PERCENT FAILED. 40 PERCENT OF STAFF THAT  
14   WERE ASSESSED AND TRAINED SUPPOSEDLY BY CAMDEN. WE PAID THEM 2  
15   POINT SOMETHING MILLION DOLLARS. AND NAVIGANT, WHICH WE PAID,  
16   WHAT, 20 SOMETHING MILLION DOLLARS, 40 SOMETHING MILLION  
17   DOLLARS? WHY DID WE HAVE THAT HIGH OF A FAILURE RATE? YOU  
18   SHOULD BE ASKING THAT QUESTION BECAUSE THAT PROBABLY IS ONE OF  
19   THE REASONS WHY YOU'RE GOING INTO CLOSED SESSION TO TALK ABOUT  
20   WHY A PATIENT DIED FOR LACK OF PROPER NURSING CARE. THANK YOU.

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, MS. EDWARDS. DR.  
23   CLAVREUL?

24



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1   **DR. GENEVIEVE CLAVREUL:** DR. GENEVIEVE CLAVREUL. I TOTALLY  
2   AGREE WITH WHAT CHRIS EDWARDS HAD TO SAY. IT IS EXTREMELY OF  
3   CONCERN, AFTER ALL THE MONEY WE HAVE SPENT. AND MANY OF YOUR  
4   GOOD INTENTION THAT WE STILL DON'T HAVE PERFORMANCE. TO EVEN  
5   SIT DOWN HERE AND SAY WITH A STRAIGHT FACE, "OH, YOU KNOW, WE  
6   HAD 53 PERCENT PASSING, THAT IS A GOOD THING." IT IS NOT A  
7   GOOD THING TO HAVE NURSES, THE STAFF AND C.N.A. PASS AT A RATE  
8   OF 53 IS PITIFUL. I NEVER REMEMBER WHEN I WAS DIRECTOR OF  
9   NURSES EVER HAVE THAT LOW RATIO, EVER. AND HOW WE CANNOT SHOW  
10   IMPROVEMENT AFTER ALL THE MONEY SPENT. I THINK IT'S SOMETHING  
11   VERY CRITICAL THAT WE NEED TO LOOK AT. EITHER IS IT SOME  
12   INTENTIONAL BEHAVIOR OR DEFINITELY THE LEADERSHIP IS NOT  
13   THERE. YOU KNOW, I WISH I HAD THE OPPORTUNITY TO LISTEN TO THE  
14   REPORT BEFORE EVEN SPEAKING THE FIRST TIME. FROM LISTENING TO  
15   WHAT WENT ON DURING THE REPORT, AND I'M TALKING AS AN EXPERT  
16   HERE ON HEALTHCARE, IT IS VERY OBVIOUS MS. EPPS HAD VERY  
17   LITTLE KNOWLEDGE OF HOSPITAL FUNCTION. AND TO FIND OUT THAT  
18   SHE DIDN'T EVEN KNOW WHAT THE REGULATION WERE ABOUT IS  
19   UNBELIEVABLE. SHE'S THE CHIEF ADMINISTRATIVE OFFICER OF THAT  
20   HOSPITAL. SHE SHOULD KNOW WHAT REGULATIONS REGULATED THAT  
21   HOSPITAL. IT IS ALL ABOUT THE KIND OF KNOWLEDGE SHE SHOULD  
22   HAVE. AND, YOU KNOW, I THINK, IN THE CONTRACT WITH THE  
23   EMERGENCY ROOM PHYSICIANS, AGAIN, WE ARE PAYING A VERY  
24   SIGNIFICANT AMOUNT OF MONEY TO THAT GROUP. AND I WAS UNDER THE  
25   UNDERSTANDING THAT THE ENTIRE E.R. WOULD BE OUTSOURCED. IT



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1 APPARENTLY IS NOT THE CASE BECAUSE IT WAS A COUNTY PHYSICIAN  
2 WHO WAS WORKING THAT DAY. SO WHEN YOU HAVE A DOUBLE FUNCTION,  
3 LIKE, YOU KNOW, EITHER YOU DO TOTAL OUTSOURCING OR YOU DON'T,  
4 IT MAKES A BIG DIFFERENCE BUT IT IS OBVIOUS SOMETHING IS NOT  
5 RIGHT AT KING DREW MEDICAL CENTER. AND, YOU KNOW, PERSONALLY,  
6 MYSELF, I AM TIRED OF HEARING ALL THE EXCUSES. THERE IS NO  
7 EXCUSE FOR POOR PERFORMANCE AND NOT FOR A PATIENT WHOSE LIFE  
8 DEPENDED ON IT. THANK YOU FOR YOUR TIME.

9

10 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. ALL RIGHT. ON PUBLIC  
11 COMMENT, WE HAVE TWO PEOPLE WHO WANT TO BE HEARD, THOMAS  
12 HERMAN AND MICHAEL BAUER. IS MR. BAUER HERE? I DON'T SEE HIM.  
13 SO MR. HERMAN. SHERMAN? I'M SORRY. YOU'RE RIGHT.

14

15 **THOMAS SHERMAN:** HONORABLE SUPERVISORS, I COME BEFORE YOU FOR  
16 AN R.F.P. WITH THE L.A. DEPARTMENT OF PUBLIC WORKS, L.A.  
17 COUNTY DEPARTMENT OF PUBLIC WORKS. AS NEEDED ALL TRUCKS 207-  
18 A.N. 032. IS ANY DEPARTMENT OF PUBLIC WORKS HEAD HERE  
19 REPRESENTED DURING YOUR MEETINGS? NO? ANYHOW, I'VE WORKED FOR  
20 FLOOD CONTROL L.A. COUNTY SINCE 1979 WHEN I WAS GIVEN MY FIRST  
21 P.U.C. IN L.A. COUNTY'S PAY NUMBER IN '79 TO GIVE YOU A DUMP  
22 TRUCK FOR FLOOD CONTROL AND THE COUNTY ROAD DEPARTMENT. YOU  
23 HAVE A BID COMING UP ON JUNE 19TH. IT'S NOT REALLY A BID. IT'S  
24 MORE LIKE A PREQUALIFICATION WITH PRICES ALREADY DICTATED TO  
25 US. IT'S MORE LIKE-- I NEVER SEEN ONE LIKE THESE BEFORE.



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1    NORMALLY, YOU PREQUALIFY A VENDOR AND THEN, IF HE  
2    PREQUALIFIES, YOU TAKE HIM TO THE NEXT STEP OF SUBMITTING AN  
3    R.F.P. FOR BID PRICES AND ET CETERA. IN THIS CASE, THIS IS NOT  
4    WHAT'S HAPPENING. THEY'RE TRYING TO CLASSIFY CONSTRUCTION  
5    TRUCK BROKERS AS CLASSIFIED CONTRACTORS LIKE A C-10 OR C-21,  
6    YOU KNOW, IN THAT CATEGORY. WE'RE NOT LICENSED BY THE STATE IN  
7    THAT CASE. WE ARE LICENSED BY A C.A. NUMBER SINCE THE P.U.C.  
8    IS NOT AROUND ANY MORE. THE P.U.C. IS THE PUBLIC UTILITIES  
9    COMMISSION AND ALL THEY DID WAS JUST DEREGULATED OUR HOURLY  
10    RATE AND THAT WAS IT. IN THE CASE WHEN THEY LEFT, THE HIGHWAY  
11    PATROL D.M.V. GIVES A C.A. NUMBER TO OPERATE AND THAT'S ALL WE  
12    ARE. 30-DAY TO 45-DAY PAY EQUIPMENT RENTAL THAT WE ARE LEASED  
13    OUT BY OR RENTED BY THE COUNTY, L.A. COUNTY. IN THIS CASE,  
14    THEY'RE ASKING US TO PROVIDE THEM WITH 65 TON QUARRY TRUCKS.  
15    NOW, IF YOU KNOW WHAT MINING IS AND YOU HAVE THESE 65 TON OR  
16    105 TON TEREX MACHINES, ARE YOU FAMILIAR WITH THAT? YOU DON'T  
17    RUN THOSE ON THE PUBLIC HIGHWAY AND FREEWAYS. THOSE STAY ON  
18    SITE. AND THAT'S A SPECIALTY CONTRACTOR-TYPE EQUIPMENT. SO  
19    THEY'RE MIXING THAT IN AS A REQUIREMENT THAT WE'RE SUPPOSED TO  
20    SUPPLY QUARRY TRUCKS WITH 3 AND 4 AXLE AND END DUMP, DUMP  
21    TRUCKS AND THAT JUST DOES NOT HAPPEN. YOU CANNOT ALLOW THAT ON  
22    THE FREEWAYS. THE STAFF, FOR SOME REASON, DOES NOT WANT TO PAY  
23    US FOR OUR LAST TRIP, ROUND TRIP. IN OTHER WORDS, THE P.U.C.  
24    SET UP SOMETHING WHERE, ON YOUR LAST LOAD THAT YOU'RE SUPPOSED  
25    TO BE PAID THE ENTIRE ROUND TRIP, LIKE, COMING BACK TO WHERE





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1 YOU LOADED UP AT AND THEY'RE TRYING TO CUT IT. MY TIME IS UP  
2 ALREADY?

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** YES, IT IS.

5

6 **THOMAS SHERMAN:** BUT ALL I'M ASKING IS CAN YOU GUYS-- MS.  
7 BURKE, IN '96, HELPED INVESTIGATE US BEFORE WHEN THERE WAS  
8 UNFAIR PLAYING FIELD. IN THIS CASE, I'M ASKING WHATEVER  
9 SUPERVISOR'S IN CHARGE OF THE COUNTY ROAD DEPARTMENT OR AS  
10 NEEDED HAUL TRUCK CONTRACTS, CAN THEY KIND OF REVIEW THIS AND  
11 LOOK AT IT AN D SEE THAT IT'S NOT A FAIR PLAYING FIELD FOR US?  
12 AND WE'RE NOT SUPPOSED TO PAY THE COUNTY \$100,000 TO ENABLE US  
13 TO GO TO WORK. IN OTHER WORDS, YOU DON'T BOND 30-DAY PAY  
14 RENTAL. THIS IS NOT A FIXED CONTRACT THAT A BONDING COMPANY  
15 CAN PUT A PRICE ON AND ISSUE A BOND FOR. I THANK YOU FOR THE  
16 TIME. IF THAT CAN BE LOOKED INTO...

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** SUPERVISOR BURKE WILL LOOK INTO IT  
19 WITH HER STAFF. THANK YOU VERY MUCH. ALL RIGHT, NEXT?

20

21 **CLERK SACHI HAMAI:** IN ACCORDANCE WITH BROWN ACT REQUIREMENTS,  
22 NOTICE IS HERE GIVEN THAT THE BOARD OF SUPERVISORS WILL  
23 CONVENE IN CLOSED SESSION TO DISCUSS ITEM C.S.-2, CONFERENCE  
24 WITH LEGAL COUNSEL REGARDING INITIATION OF LITIGATION, ONE  
25 CASE, AND ITEM NUMBER C.S.-3, C.S.-4 AND C.S.-5, CONFERENCES



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1 WITH LEGAL COUNSEL REGARDING SIGNIFICANT EXPOSURE TO  
2 LITIGATION, TWO CASES, AS INDICATED ON THE POSTED AGENDA. THE  
3 BOARD MAY RECONVENE IN OPEN SESSION TO DISCUSS ANY REMAINING  
4 ITEMS AFTER THE CLOSED SESSION. PLEASE BE ADVISED THE NEXT  
5 MEETING OF THE BOARD WILL BE A SPECIAL BUDGET DELIBERATION  
6 MEETING ON MONDAY, JUNE 18TH, 2007 AT 9:30 A.M. THE NEXT  
7 REGULAR MEETING OF THE BOARD WILL BE TUESDAY, JUNE 19TH, 2007,  
8 AT 9:30 A.M. THANK YOU.

9

10

11

12 **[After its closed session the Board of Supervisors briefly**  
13 **resumed its open session]**

14

15

16

17 **SUP. KNABE:** ...ITEM 84-E TO CONTINUE ONE WEEK.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** MOTION TO CONTINUE ITEM 84-E FOR  
20 ONE WEEK. SO ORDERED, WITHOUT OBJECTION.

21

22 [GAVEL]

23

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**REPORT OF ACTION TAKEN IN CLOSED SESSION  
TUESDAY, JUNE 12, 2007**

In open session the Board continued item CS-1 one week to June 19, 2007. There was no reportable action taken on items CS-2 through CS-5.



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1 I, JENNIFER A. HINES, Certified Shorthand Reporter  
2 Number 6029/RPR/CRR qualified in and for the State of  
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the  
5 Los Angeles County Board of Supervisors June 12, 2007,  
6 were thereafter transcribed into typewriting under my  
7 direction and supervision;

8 That the transcript of recorded proceedings as  
9 archived in the office of the reporter and which  
10 have been provided to the Los Angeles County Board of  
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor  
13 related to any party to the said action; nor  
14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this  
16 19th day of June 2007 for the County records to be used only  
17 for authentication purposes of duly certified transcripts  
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22

23